

STATE OF WISCONSIN GROUP HEALTH INSURANCE PROGRAM  
2016 MONTHLY PREMIUM RATES

WITH DENTAL		Regular	Regular	HDHP	HDHP	Grad Assist	Grad Assist	Medicare	Medicare	Medicare
Plan Name	Tier	Single	Family	Single	Family	Single	Family	Single	2 Eligible	1 Eligible
ANTHEM BLUE PREFERRED NORTHEAST	1	770.80	1,918.30	667.50	1,659.80	503.70	1,250.30	546.40	1,100.00	1,311.30
ANTHEM BLUE PREFERRED SOUTHEAST	1	793.70	1,975.50	687.20	1,709.10	516.60	1,282.50	558.10	1,123.40	1,345.90
ARISE HEALTH PLAN	1	773.20	1,924.30	669.50	1,664.80	542.60	1,347.50	547.80	1,102.80	1,315.10
ARISE HEALTH PLAN - ASPIRUS	1	754.80	1,878.30	653.70	1,625.30	528.80	1,313.00	538.60	1,084.40	1,287.50
DEAN HEALTH INSURANCE	1	629.40	1,564.80	545.90	1,355.80	410.60	1,017.50	449.70	906.60	1,073.20
DEAN HEALTH INSURANCE - PREVEA360	1	685.80	1,705.80	594.40	1,477.10	472.40	1,172.00	497.70	1,002.60	1,177.60
GHC OF EAU CLAIRE	1	806.00	2,006.30	697.70	1,735.30	567.10	1,408.80	519.70	1,046.60	1,319.80
GHC OF SOUTH CENTRAL WISCONSIN	1	640.50	1,592.50	555.40	1,379.60	443.00	1,098.50	481.50	970.20	1,116.10
GUNDERSEN HEALTH PLAN	1	798.60	1,987.80	691.40	1,719.60	547.60	1,360.00	447.20	901.60	1,239.90
HEALTHPARTNERS HEALTH PLAN	1	718.00	1,786.30	622.10	1,546.30	501.20	1,244.00	520.20	1,047.60	1,232.30
HEALTH TRADITION HEALTH PLAN	1	775.70	1,930.50	671.70	1,670.30	504.40	1,252.00	436.10	879.40	1,205.90
HUMANA - EASTERN	1	807.00	2,008.80	698.60	1,737.60	521.50	1,294.80	421.90	851.00	1,223.00
HUMANA - WESTERN	1	861.90	2,146.00	745.80	1,855.60	580.20	1,441.50	421.90	851.00	1,277.90
MEDICAL ASSOCIATES HEALTH PLANS	1	687.80	1,710.80	596.10	1,481.30	443.20	1,099.00	405.20	817.60	1,087.10
MERCYCARE HEALTH PLANS	1	640.70	1,593.00	555.60	1,380.10	393.60	975.00	434.40	876.00	1,069.20
NETWORK HEALTH - NORTHEAST	1	775.40	1,929.80	671.40	1,669.60	544.20	1,351.50	488.40	984.00	1,257.90
NETWORK HEALTH - SOUTHEAST	1	811.60	2,020.30	702.60	1,747.60	571.40	1,419.50	461.60	930.40	1,267.30
PHYSICIANS PLUS	1	679.60	1,690.30	589.00	1,463.60	459.40	1,139.50	488.50	984.20	1,162.20
SECURITY HEALTH PLAN	1	835.80	2,080.80	723.40	1,799.60	589.50	1,464.80	579.10	1,165.40	1,409.00
UNITEDHEALTHCARE OF WISCONSIN	1	784.20	1,951.80	679.00	1,688.60	544.50	1,352.30	553.30	1,113.80	1,331.60
UNITY HEALTH INSURANCE - COMMUNITY	1	768.90	1,913.50	665.80	1,655.60	539.40	1,339.50	514.50	1,036.20	1,277.50
UNITY HEALTH INSURANCE - UW HEALTH	1	681.40	1,694.80	590.60	1,467.60	473.70	1,175.30	475.10	957.40	1,150.60
WEA TRUST - EAST	1	783.70	1,950.50	678.60	1,687.60	486.60	1,207.50	457.20	921.60	1,235.00
WEA TRUST - NORTHWEST CHIPPEWA VALLEY	1	822.90	2,048.50	712.30	1,771.80	512.10	1,271.30	470.90	949.00	1,287.90
WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	1	822.90	2,048.50	712.30	1,771.80	512.10	1,271.30	470.90	949.00	1,287.90
WEA TRUST - SOUTH CENTRAL	1	602.60	1,497.80	522.80	1,298.10	368.90	913.30	393.80	794.80	990.50
STATE MAINTENANCE PLAN (SMP)	1	834.10	2,079.90	708.30	1,765.40	636.90	1,586.90			
STANDARD PLAN	3	1,331.50	3,323.40	1,126.80	2,811.60	1,008.90	2,516.50			
MEDICARE PLUS (w/SMP 1 Eligible)								426.70	861.50	1,261.20
MEDICARE PLUS (w/Standard Plan 1 Eligible)								426.70	861.50	1,763.20

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Plan Name	Tier	Single	Family	Single	Family	Single	Family	Single	2 Eligible	1 Eligible
ANTHEM BLUE PREFERRED NORTHEAST	1	744.50	1,852.60	641.20	1,594.10	477.40	1,184.60	520.10	1,034.30	1,258.70
ANTHEM BLUE PREFERRED SOUTHEAST	1	767.40	1,909.80	660.90	1,643.40	490.30	1,216.80	531.80	1,057.70	1,293.30
ARISE HEALTH PLAN	1	746.90	1,858.60	643.20	1,599.10	516.30	1,281.80	521.50	1,037.10	1,262.50
ARISE HEALTH PLAN - ASPIRUS	1	728.50	1,812.60	627.40	1,559.60	502.50	1,247.30	512.30	1,018.70	1,234.90
DEAN HEALTH INSURANCE	1	603.10	1,499.10	519.60	1,290.10	384.30	951.80	423.40	840.90	1,020.60
DEAN HEALTH INSURANCE - PREVEA360	1	659.50	1,640.10	568.10	1,411.40	446.10	1,106.30	471.40	936.90	1,125.00
GHC OF EAU CLAIRE	1	779.70	1,940.60	671.40	1,669.60	540.80	1,343.10	493.40	980.90	1,267.20
GHC OF SOUTH CENTRAL WISCONSIN	1	614.20	1,526.80	529.10	1,313.90	416.70	1,032.80	455.20	904.50	1,063.50
GUNDERSEN HEALTH PLAN	1	772.30	1,922.10	665.10	1,653.90	521.30	1,294.30	420.90	835.90	1,187.30
HEALTHPARTNERS HEALTH PLAN	1	691.70	1,720.60	595.80	1,480.60	474.90	1,178.30	493.90	981.90	1,179.70
HEALTH TRADITION HEALTH PLAN	1	749.40	1,864.80	645.40	1,604.60	478.10	1,186.30	409.80	813.70	1,153.30
HUMANA - EASTERN	1	780.70	1,943.10	672.30	1,671.90	495.20	1,229.10	395.60	785.30	1,170.40
HUMANA - WESTERN	1	835.60	2,080.30	719.50	1,789.90	553.90	1,375.80	395.60	785.30	1,225.30
MEDICAL ASSOCIATES HEALTH PLANS	1	661.50	1,645.10	569.80	1,415.60	416.90	1,033.30	378.90	751.90	1,034.50
MERCYCARE HEALTH PLANS	1	614.40	1,527.30	529.30	1,314.40	367.30	909.30	408.10	810.30	1,016.60
NETWORK HEALTH - NORTHEAST	1	749.10	1,864.10	645.10	1,603.90	517.90	1,285.80	462.10	918.30	1,205.30
NETWORK HEALTH - SOUTHEAST	1	785.30	1,954.60	676.30	1,681.90	545.10	1,353.80	435.30	864.70	1,214.70
PHYSICIANS PLUS	1	653.30	1,624.60	562.70	1,397.90	433.10	1,073.80	462.20	918.50	1,109.60
SECURITY HEALTH PLAN	1	809.50	2,015.10	697.10	1,733.90	563.20	1,399.10	552.80	1,099.70	1,356.40
UNITEDHEALTHCARE OF WISCONSIN	1	757.90	1,886.10	652.70	1,622.90	518.20	1,286.60	527.00	1,048.10	1,279.00
UNITY HEALTH INSURANCE - COMMUNITY	1	742.60	1,847.80	639.50	1,589.90	513.10	1,273.80	488.20	970.50	1,224.90
UNITY HEALTH INSURANCE - UW HEALTH	1	655.10	1,629.10	564.30	1,401.90	447.40	1,109.60	448.80	891.70	1,098.00
WEA TRUST - EAST	1	757.40	1,884.80	652.30	1,621.90	460.30	1,141.80	430.90	855.90	1,182.40
WEA TRUST - NORTHWEST CHIPPEWA VALLEY	1	796.60	1,982.80	686.00	1,706.10	485.80	1,205.60	444.60	883.30	1,235.30
WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	1	796.60	1,982.80	686.00	1,706.10	485.80	1,205.60	444.60	883.30	1,235.30
WEA TRUST - SOUTH CENTRAL	1	576.30	1,432.10	496.50	1,232.40	342.60	847.60	367.50	729.10	937.90
STATE MAINTENANCE PLAN (SMP)	1	807.80	2,014.20	682.00	1,699.70	610.60	1,521.20			
STANDARD PLAN	3	1,305.20	3,257.70	1,100.50	2,745.90	982.60	2,450.80			
MEDICARE PLUS (w/SMP 1 Eligible)								400.40	795.80	1,208.60
MEDICARE PLUS (w/Standard Plan 1 Eligible)								400.40	795.80	1,710.60