

WISCONSIN PUBLIC EMPLOYERS (LOCAL) GROUP HEALTH INSURANCE PROGRAM
2016 MONTHLY PREMIUM RATES

WITHOUT DENTAL	Tier	Traditional (P12)					Deductible (P14)					Coinsurance (P16)					HDHP (P17)				
		Regular Single	Regular Family	Medicare Single	Medicare 2-Eligible	Medicare 1-Eligible	Regular Single	Regular Family	Medicare Single	Medicare 2-Eligible	Medicare 1-Eligible	Regular Single	Regular Family	Medicare Single	Medicare 2-Eligible	Medicare 1-Eligible	Regular Single	Regular Family	Medicare Single	Medicare 2-Eligible	Medicare 1-Eligible
ANTHEM BLUE PREFERRED NORTHEAST	1	714.00	1,776.20	564.40	1,122.90	1,272.50	665.60	1,655.20	540.20	1,074.50	1,199.90	677.70	1,685.40	564.40	1,122.90	1,236.20	579.50	1,439.90	564.40	1,122.90	1,138.00
ANTHEM BLUE PREFERRED SOUTHEAST	1	797.80	1,985.70	606.30	1,206.70	1,398.20	742.70	1,847.90	578.80	1,151.70	1,315.60	756.50	1,882.40	606.30	1,206.70	1,356.90	647.30	1,609.40	606.30	1,206.70	1,247.70
ARISE HEALTH PLAN	1	1,061.70	2,645.40	738.30	1,470.70	1,794.10	985.50	2,454.90	700.20	1,394.50	1,679.80	1,004.50	2,502.40	738.30	1,470.70	1,736.90	861.10	2,143.90	738.30	1,470.70	1,593.50
ARISE HEALTH PLAN - ASPIRUS	1	1,014.80	2,528.20	714.80	1,423.70	1,723.70	942.30	2,346.90	678.60	1,351.30	1,615.00	960.50	2,392.40	714.80	1,423.70	1,669.40	823.10	2,048.90	714.80	1,423.70	1,532.00
DEAN HEALTH INSURANCE	1	737.30	1,834.40	568.60	1,131.30	1,300.00	687.00	1,708.70	544.00	1,082.10	1,225.10	699.60	1,740.20	568.60	1,131.30	1,262.30	598.30	1,486.90	568.60	1,131.30	1,161.00
DEAN HEALTH INSURANCE - PREVEA360	1	713.20	1,774.20	556.80	1,107.70	1,264.10	664.90	1,653.40	533.50	1,061.10	1,192.50	677.00	1,683.70	556.80	1,107.70	1,227.90	578.80	1,438.20	556.80	1,107.70	1,129.70
GHC OF EAU CLAIRE	3	1,027.80	2,560.70	611.10	1,216.30	1,633.00	954.30	2,376.90	583.20	1,160.50	1,531.60	972.70	2,422.90	611.10	1,216.30	1,577.90	833.60	2,075.20	611.10	1,216.30	1,438.80
GHC OF SOUTH CENTRAL WISCONSIN	1	657.90	1,635.90	536.40	1,066.90	1,188.40	614.00	1,526.20	514.40	1,022.90	1,122.50	625.00	1,553.70	536.40	1,066.90	1,155.50	534.00	1,326.20	536.40	1,066.90	1,064.50
GUNDERSEN HEALTH PLAN	1	804.30	2,001.90	490.70	975.50	1,289.10	748.70	1,862.90	472.40	938.90	1,215.20	762.60	1,897.70	490.70	975.50	1,247.40	652.60	1,622.70	490.70	975.50	1,137.40
HEALTHPARTNERS HEALTH PLAN	1	911.80	2,270.70	642.10	1,278.30	1,548.00	847.60	2,110.20	615.50	1,225.10	1,457.20	863.60	2,150.20	642.10	1,278.30	1,499.80	739.70	1,840.40	642.10	1,278.30	1,375.90
HEALTH TRADITION HEALTH PLAN	1	703.10	1,748.90	542.60	1,079.30	1,239.80	655.60	1,630.20	518.80	1,031.70	1,168.50	667.50	1,659.90	542.60	1,079.30	1,204.20	570.60	1,417.70	542.60	1,079.30	1,107.30
HUMANA - EASTERN	3	1,191.80	2,970.70	450.60	895.30	1,636.50	1,105.20	2,754.20	407.80	809.70	1,507.10	1,126.80	2,808.20	450.60	895.30	1,571.50	966.50	2,407.40	450.60	895.30	1,411.20
HUMANA - WESTERN	3	1,246.70	3,107.90	450.60	895.30	1,691.40	1,155.70	2,880.40	407.80	809.70	1,557.60	1,178.40	2,937.20	450.60	895.30	1,623.10	1,011.00	2,518.70	450.60	895.30	1,455.70
MEDICAL ASSOCIATES HEALTH PLANS	1	662.20	1,646.70	462.70	919.50	1,119.00	618.00	1,536.20	428.60	851.30	1,040.70	629.00	1,563.70	462.70	919.50	1,085.80	537.50	1,334.90	462.70	919.50	994.30
MERCYCARE HEALTH PLANS	1	695.20	1,729.20	511.10	1,016.30	1,200.40	648.30	1,611.90	510.00	1,014.10	1,152.40	660.00	1,641.20	511.10	1,016.30	1,165.20	564.20	1,401.70	511.10	1,016.30	1,069.40
NETWORK HEALTH - NORTHEAST	1	760.10	1,891.40	587.40	1,168.90	1,341.60	708.00	1,761.20	561.40	1,116.90	1,263.50	721.00	1,793.70	587.40	1,168.90	1,302.50	616.80	1,533.20	587.40	1,168.90	1,198.30
NETWORK HEALTH - SOUTHEAST	1	811.40	2,019.70	613.10	1,220.30	1,418.60	755.20	1,879.20	585.00	1,164.10	1,334.30	769.30	1,914.40	613.10	1,220.30	1,376.50	658.40	1,637.20	613.10	1,220.30	1,265.60
PHYSICIANS PLUS	1	715.40	1,779.70	565.10	1,124.30	1,274.60	666.90	1,658.40	540.90	1,075.90	1,201.90	679.00	1,688.70	565.10	1,124.30	1,238.20	580.60	1,442.70	565.10	1,124.30	1,139.80
SECURITY HEALTH PLAN	3	1,063.60	2,650.20	607.80	1,209.70	1,665.50	987.20	2,459.20	590.50	1,175.10	1,571.80	1,006.30	2,506.90	607.80	1,209.70	1,608.20	862.60	2,147.70	607.80	1,209.70	1,464.50
UNITEDHEALTHCARE OF WISCONSIN	1	907.60	2,260.20	646.80	1,287.70	1,548.50	843.70	2,100.40	608.30	1,210.70	1,446.10	859.70	2,140.40	646.80	1,287.70	1,500.60	736.30	1,831.90	646.80	1,287.70	1,377.20
UNITY HEALTH INSURANCE - COMMUNITY	1	678.60	1,687.70	518.30	1,030.70	1,191.00	633.00	1,573.70	497.80	989.70	1,124.90	644.40	1,602.20	518.30	1,030.70	1,156.80	550.80	1,368.20	518.30	1,030.70	1,063.20
UNITY HEALTH INSURANCE - UW HEALTH	1	620.20	1,541.70	492.00	978.10	1,106.30	579.30	1,439.40	473.60	941.30	1,047.00	589.50	1,464.90	492.00	978.10	1,075.60	503.50	1,249.90	492.00	978.10	989.60
WEA TRUST - EAST	1	817.90	2,035.90	510.10	1,014.30	1,322.10	761.20	1,894.20	490.20	974.50	1,245.50	775.40	1,929.70	510.10	1,014.30	1,279.60	663.60	1,650.20	510.10	1,014.30	1,167.80
WEA TRUST - NORTHWEST CHIPPEWA VALLEY	1	1,043.10	2,598.90	588.90	1,171.90	1,626.10	968.40	2,412.20	562.80	1,119.70	1,525.30	987.10	2,458.90	588.90	1,171.90	1,570.10	846.00	2,106.20	588.90	1,171.90	1,429.00
WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	1	1,043.10	2,598.90	588.90	1,171.90	1,626.10	968.40	2,412.20	562.80	1,119.70	1,525.30	987.10	2,458.90	588.90	1,171.90	1,570.10	846.00	2,106.20	588.90	1,171.90	1,429.00
WEA TRUST - SOUTH CENTRAL	1	623.50	1,549.90	442.00	878.10	1,059.60	582.30	1,446.90	427.60	849.30	1,004.00	592.60	1,472.70	442.00	878.10	1,028.70	506.20	1,256.70	442.00	878.10	942.30
STATE MAINTENANCE PLAN (SMP)	1	810.80	2,020.10				766.20	1,908.60				777.30	1,936.40				682.10	1,698.40			
STANDARD PLAN - DANE	3	1,130.00	2,818.80				1,069.80	2,668.30				1,084.80	2,705.80				922.30	2,300.70			
STANDARD PLAN - MILWAUKEE	3	1,319.70	3,293.00				1,244.30	3,104.50				1,263.20	3,151.80				1,076.00	2,684.90			
STANDARD PLAN - WAUKESHA	3	1,219.30	3,042.00				1,152.00	2,873.80				1,168.80	2,915.80				994.70	2,481.70			
STANDARD PLAN - BALANCE OF STATE	3	1,219.30	3,042.00				1,152.00	2,873.80				1,168.80	2,915.80				994.70	2,481.70			
MEDICARE PLUS (w/SMP 1 Eligible)				454.50	904.50	1,265.30			454.50	904.50	1,220.70			454.50	904.50	1,231.80			454.50	904.50	1,136.60
MEDICARE PLUS - DANE (w/Standard Plan 1 Eligible)				454.50	904.50	1,584.50			454.50	904.50	1,524.30			454.50	904.50	1,539.30			454.50	904.50	1,376.80
MEDICARE PLUS - MILWAUKEE (w/Standard Plan 1 Eligible)				454.50	904.50	1,774.20			454.50	904.50	1,698.80			454.50	904.50	1,717.70			454.50	904.50	1,530.50
MEDICARE PLUS - WAUKESHA (w/Standard Plan 1 Eligible)				454.50	904.50	1,673.80			454.50	904.50	1,606.50			454.50	904.50	1,623.30			454.50	904.50	1,449.20
MEDICARE PLUS - BALANCE OF STATE (w/Standard Plan 1 Eligible)				454.50	904.50	1,673.80			454.50	904.50	1,606.50			454.50	904.50	1,623.30			454.50	904.50	1,449.20