2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
* = Not In Calculation - Plan Not Qualified in

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
ADAMS							
	DEAN HEALTH INSURANCE	628.30	-	628.30	1,563.30	-	1,563.30
	PHYSICIANS PLUS	650.79	6.61	657.40	1,619.10	16.90	1,636.00
3	SECURITY HEALTH PLAN	650.79	327.51	978.30	1,619.10	819.20	2,438.30
	UNITY HEALTH INSURANCE - COMMUNITY	619.80	-	619.80	1,542.00	-	1,542.00
	WEA TRUST - EAST	650.79	113.31	764.10	1,619.10	283.70	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	650.79	444.61	1,095.40	1,619.10	1,113.20	2,732.30
ASHLAND							
3	GHC OF EAU CLAIRE	872.87	167.03	1,039.90	2,174.34	417.96	2,592.30
	HEALTHPARTNERS HEALTH PLAN	831.30	-	831.30	2,070.80	-	2,070.80
3	SECURITY HEALTH PLAN	872.87	105.43	978.30	2,174.34	263.96	2,438.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	872.87	20.23	893.10	2,174.34	50.96	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	872.87	222.53	1,095.40	2,174.34	557.96	2,732.30
BARRON							
*	GUNDERSEN HEALTH PLAN	740.80	-	740.80	1,844.50	-	1,844.50
	HEALTHPARTNERS HEALTH PLAN	831.30	-	831.30	2,070.80	-	2,070.80
3	HUMANA - WESTERN	872.87	234.63	1,107.50	2,174.34	586.96	2,761.30
3	SECURITY HEALTH PLAN	872.87	105.43	978.30	2,174.34	263.96	2,438.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	872.87	20.23	893.10	2,174.34	50.96	2,225.30
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	872.87	20.23	893.10	2,174.34	50.96	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	872.87	222.53	1,095.40	2,174.34	557.96	2,732.30
BAYFIELD							
3	GHC OF EAU CLAIRE	830.76	209.14	1,039.90	2,070.60	521.70	2,592.30
3	SECURITY HEALTH PLAN	830.76	147.54	978.30	2,070.60	367.70	2,438.30
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	830.76	62.34	893.10	2,070.60	154.70	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	830.76	264.64	1,095.40	2,070.60	661.70	2,732.30
	STATE MAINTENANCE PLAN	791.20	-	791.20	1,972.00	-	1,972.00
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
	ARISE HEALTH PLAN NORTHERN	679.35	277.15	956.50	1,690.50	693.30	2,383.80
	DEAN HEALTH INSURANCE - PREVEA360	679.35	81.65	761.00	1,690.50	204.50	1,895.00
3	HUMANA - EASTERN	679.35	428.15	1,107.50	1,690.50	1,070.80	2,761.30
	NETWORK HEALTH	679.35	27.85	707.20	1,690.50	70.00	1,760.50
	UNITEDHEALTHCARE OF WISCONSIN	679.35	146.05	825.40	1,690.50	365.50	2,056.00
	WEA TRUST - EAST	679.35	84.75	764.10	1,690.50	212.30	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	679.35	416.05	1,095.40	1,690.50	1,041.80	2,732.30
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	645.50	-	645.50	1,606.30	-	1,606.30
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	830.76	62.34	893.10	2,070.60	154.70	2,225.30
	STATE MAINTENANCE PLAN	791.20	-	791.20	1,972.00	-	1,972.00
BURNETT							
3	GHC OF EAU CLAIRE	937.76	102.14	1,039.90	2,336.57	255.73	2,592.30
*	HEALTHPARTNERS HEALTH PLAN	831.30	-	831.30	2,070.80	-	2,070.80
3	SECURITY HEALTH PLAN	937.76	40.54	978.30	2,336.57	101.73	2,438.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	893.10	-	893.10	2,225.30	-	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	937.76	157.64	1,095.40	2,336.57	395.73	2,732.30
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
*	ARISE HEALTH PLAN NORTHERN	679.35	277.15	956.50	1,690.50	693.30	2,383.80
3	HUMANA - EASTERN	679.35	428.15	1,107.50	1,690.50	1,070.80	2,761.30
	NETWORK HEALTH	679.35	27.85	707.20	1,690.50	70.00	1,760.50
	UNITEDHEALTHCARE OF WISCONSIN	679.35	146.05	825.40	1,690.50	365.50	2,056.00
*	WEA TRUST - EAST	679.35	84.75	764.10	1,690.50	212.30	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	679.35	416.05	1,095.40	1,690.50	1,041.80	2,732.30

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
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Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	740.80	-	740.80	1,844.50	-	1,844.50
	HEALTHPARTNERS HEALTH PLAN	777.84	53.46	831.30	1,936.73	134.07	2,070.80
3	HUMANA - WESTERN	777.84	329.66	1,107.50	1,936.73	824.57	2,761.30
3	SECURITY HEALTH PLAN	777.84	200.46	978.30	1,936.73	501.57	2,438.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	777.84	115.26	893.10	1,936.73	288.57	2,225.30
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	777.84	115.26	893.10	1,936.73	288.57	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	777.84	317.56	1,095.40	1,936.73	795.57	2,732.30
CLARK							
	ARISE HEALTH PLAN NORTHERN	777.84	178.66	956.50	1,936.73	447.07	2,383.80
3	GHC OF EAU CLAIRE	777.84	262.06	1,039.90	1,936.73	655.57	2,592.30
	GUNDERSEN HEALTH PLAN	740.80	-	740.80	1,844.50	-	1,844.50
	HEALTHPARTNERS HEALTH PLAN	777.84	53.46	831.30	1,936.73	134.07	2,070.80
3	SECURITY HEALTH PLAN	777.84	200.46	978.30	1,936.73	501.57	2,438.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	777.84	115.26	893.10	1,936.73	288.57	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	777.84	317.56	1,095.40	1,936.73	795.57	2,732.30
COLUMBIA							
	DEAN HEALTH INSURANCE	628.30	-	628.30	1,563.30	-	1,563.30
*	GHC OF SOUTH CENTRAL WISCONSIN	576.60	-	576.60	1,434.00	-	1,434.00
	PHYSICIANS PLUS	650.79	6.61	657.40	1,619.10	16.90	1,636.00
	UNITY HEALTH INSURANCE - COMMUNITY	619.80	-	619.80	1,542.00	-	1,542.00
	WEA TRUST - EAST	650.79	113.31	764.10	1,619.10	283.70	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	650.79	444.61	1,095.40	1,619.10	1,113.20	2,732.30
CRAWFORD							
	GUNDERSEN HEALTH PLAN	677.78	63.02	740.80	1,686.62	157.88	1,844.50
	HEALTH TRADITION HEALTH PLAN	645.50	-	645.50	1,606.30	-	1,606.30
*	HEALTHPARTNERS HEALTH PLAN	677.78	153.52	831.30	1,686.62	384.18	2,070.80
*	MEDICAL ASSOCIATES HEALTH PLANS	583.80	-	583.80	1,452.00	-	1,452.00
*	UNITY HEALTH INSURANCE - COMMUNITY	619.80	-	619.80	1,542.00	-	1,542.00
3	STANDARD PLAN - BALANCE OF STATE	677.78	417.62	1,095.40	1,686.62	1,045.68	2,732.30
DANE							
	DEAN HEALTH INSURANCE	559.97	68.33	628.30	1,392.09	171.21	1,563.30
	GHC SOUTH CENTRAL WI	559.97	16.63	576.60	1,392.09	41.91	1,434.00
	PHYSICIANS PLUS	559.97	97.43	657.40	1,392.09	243.91	1,636.00
	UNITY HEALTH INSURANCE - UW HEALTH	533.30	-	533.30	1,325.80	-	1,325.80
	WEA TRUST - SOUTH CENTRAL	559.97	166.13	726.10	1,392.09	415.71	1,807.80
3	STANDARD PLAN - DANE	559.97	458.03	1,018.00	1,392.09	1,145.51	2,537.60
DODGE							
	ANTHEM BLUE PREFERRED SOUTHEAST	650.79	42.01	692.80	1,619.10	105.40	1,724.50
*	ARISE HEALTH PLAN NORTHERN	650.79	305.71	956.50	1,619.10	764.70	2,383.80
	DEAN HEALTH INSURANCE	628.30	-	628.30	1,563.30	-	1,563.30
3	HUMANA - EASTERN	650.79	456.71	1,107.50	1,619.10	1,142.20	2,761.30
	NETWORK HEALTH	650.79	56.41	707.20	1,619.10	141.40	1,760.50
	PHYSICIANS PLUS	650.79	6.61	657.40	1,619.10	16.90	1,636.00
	UNITEDHEALTHCARE OF WISCONSIN	650.79	174.61	825.40	1,619.10	436.90	2,056.00
	UNITY HEALTH INSURANCE - COMMUNITY	619.80	-	619.80	1,542.00	-	1,542.00
	WEA TRUST - EAST	650.79	113.31	764.10	1,619.10	283.70	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	650.79	444.61	1,095.40	1,619.10	1,113.20	2,732.30
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
	ARISE HEALTH PLAN NORTHERN	679.35	277.15	956.50	1,690.50	693.30	2,383.80
*	DEAN HEALTH INSURANCE - PREVEA360	679.35	81.65	761.00	1,690.50	204.50	1,895.00
3	HUMANA - EASTERN	679.35	428.15	1,107.50	1,690.50	1,070.80	2,761.30
	NETWORK HEALTH	679.35	27.85	707.20	1,690.50	70.00	1,760.50
	UNITEDHEALTHCARE OF WISCONSIN	679.35	146.05	825.40	1,690.50	365.50	2,056.00
	WEA TRUST - EAST	679.35	84.75	764.10	1,690.50	212.30	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	679.35	416.05	1,095.40	1,690.50	1,041.80	2,732.30
DOUGLAS							
3	GHC OF EAU CLAIRE	872.87	167.03	1,039.90	2,174.34	417.96	2,592.30
	HEALTHPARTNERS HEALTH PLAN	831.30	-	831.30	2,070.80	-	2,070.80
3	HUMANA - WESTERN	872.87	234.63	1,107.50	2,174.34	586.96	2,761.30
3	SECURITY HEALTH PLAN	872.87	105.43	978.30	2,174.34	263.96	2,438.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	872.87	20.23	893.10	2,174.34	50.96	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	872.87	222.53	1,095.40	2,174.34	557.96	2,732.30

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Deductible HMO - Standard PPO - P04
105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
DUNN							
3	HUMANA - WESTERN	937.76	169.74	1,107.50	2,336.57	424.73	2,761.30
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	893.10	-	893.10	2,225.30	-	2,225.30
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	893.10	-	893.10	2,225.30	-	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	937.76	157.64	1,095.40	2,336.57	395.73	2,732.30
EAU CLAIRE							
	GUNDERSEN HEALTH PLAN	740.80	-	740.80	1,844.50	-	1,844.50
	HEALTHPARTNERS HEALTH PLAN	777.84	53.46	831.30	1,936.73	134.07	2,070.80
3	HUMANA - WESTERN	777.84	329.66	1,107.50	1,936.73	824.57	2,761.30
3	SECURITY HEALTH PLAN	777.84	200.46	978.30	1,936.73	501.57	2,438.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	777.84	115.26	893.10	1,936.73	288.57	2,225.30
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	777.84	115.26	893.10	1,936.73	288.57	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	777.84	317.56	1,095.40	1,936.73	795.57	2,732.30
FLORENCE							
*	ARISE HEALTH PLAN NORTHERN	830.76	125.74	956.50	2,070.60	313.20	2,383.80
*	WEA TRUST - EAST	764.10	-	764.10	1,902.80	-	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	830.76	264.64	1,095.40	2,070.60	661.70	2,732.30
	STATE MAINTENANCE PLAN	791.20	-	791.20	1,972.00	-	1,972.00
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
	ARISE HEALTH PLAN NORTHERN	650.79	305.71	956.50	1,619.10	764.70	2,383.80
	DEAN HEALTH INSURANCE	628.30	-	628.30	1,563.30	-	1,563.30
3	HUMANA - EASTERN	650.79	456.71	1,107.50	1,619.10	1,142.20	2,761.30
	NETWORK HEALTH	650.79	56.41	707.20	1,619.10	141.40	1,760.50
	UNITEDHEALTHCARE OF WISCONSIN	650.79	174.61	825.40	1,619.10	436.90	2,056.00
	UNITY HEALTH INSURANCE - COMMUNITY	619.80	-	619.80	1,542.00	-	1,542.00
	WEA TRUST - EAST	650.79	113.31	764.10	1,619.10	283.70	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	650.79	444.61	1,095.40	1,619.10	1,113.20	2,732.30
FOREST							
*	ARISE HEALTH PLAN NORTHERN	830.76	125.74	956.50	2,070.60	313.20	2,383.80
3	SECURITY HEALTH PLAN	830.76	147.54	978.30	2,070.60	367.70	2,438.30
*	WEA TRUST - EAST	764.10	-	764.10	1,902.80	-	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	830.76	264.64	1,095.40	2,070.60	661.70	2,732.30
	STATE MAINTENANCE PLAN	791.20	-	791.20	1,972.00	-	1,972.00
GRANT							
	DEAN HEALTH INSURANCE	612.99	15.31	628.30	1,524.60	38.70	1,563.30
	GUNDERSEN HEALTH PLAN	612.99	127.81	740.80	1,524.60	319.90	1,844.50
*	HEALTH TRADITION HEALTH PLAN	612.99	32.51	645.50	1,524.60	81.70	1,606.30
	HEALTHPARTNERS HEALTH PLAN	612.99	218.31	831.30	1,524.60	546.20	2,070.80
	MEDICAL ASSOCIATES HEALTH PLANS	583.80	-	583.80	1,452.00	-	1,452.00
	PHYSICIANS PLUS	612.99	44.41	657.40	1,524.60	111.40	1,636.00
	UNITY HEALTH INSURANCE - COMMUNITY	612.99	6.81	619.80	1,524.60	17.40	1,542.00
3	STANDARD PLAN - DANE	612.99	405.01	1,018.00	1,524.60	1,013.00	2,537.60
GREEN							
	DEAN HEALTH INSURANCE	628.30	-	628.30	1,563.30	-	1,563.30
3	HUMANA - EASTERN	650.79	456.71	1,107.50	1,619.10	1,142.20	2,761.30
*	MERCYCARE HEALTH PLANS	587.90	-	587.90	1,462.30	-	1,462.30
	UNITY HEALTH INSURANCE - COMMUNITY	619.80	-	619.80	1,542.00	-	1,542.00
3	STANDARD PLAN - BALANCE OF STATE	650.79	444.61	1,095.40	1,619.10	1,113.20	2,732.30
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
*	ARISE HEALTH PLAN NORTHERN	679.35	277.15	956.50	1,690.50	693.30	2,383.80
*	DEAN HEALTH INSURANCE	628.30	-	628.30	1,563.30	-	1,563.30
3	HUMANA - EASTERN	679.35	428.15	1,107.50	1,690.50	1,070.80	2,761.30
	NETWORK HEALTH	679.35	27.85	707.20	1,690.50	70.00	1,760.50
*	PHYSICIANS PLUS	657.40	-	657.40	1,636.00	-	1,636.00
	UNITEDHEALTHCARE OF WISCONSIN	679.35	146.05	825.40	1,690.50	365.50	2,056.00
	WEA TRUST - EAST	679.35	84.75	764.10	1,690.50	212.30	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	679.35	416.05	1,095.40	1,690.50	1,041.80	2,732.30
IOWA							
	DEAN HEALTH INSURANCE	612.99	15.31	628.30	1,524.60	38.70	1,563.30
	MEDICAL ASSOCIATES HEALTH PLANS	583.80	-	583.80	1,452.00	-	1,452.00
	PHYSICIANS PLUS	612.99	44.41	657.40	1,524.60	111.40	1,636.00
	UNITY HEALTH INSURANCE - COMMUNITY	612.99	6.81	619.80	1,524.60	17.40	1,542.00
3	STANDARD PLAN - BALANCE OF STATE	612.99	482.41	1,095.40	1,524.60	1,207.70	2,732.30

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105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
IRON							
3	GHC OF EAU CLAIRE	830.76	209.14	1,039.90	2,070.60	521.70	2,592.30
3	SECURITY HEALTH PLAN	830.76	147.54	978.30	2,070.60	367.70	2,438.30
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	830.76	62.34	893.10	2,070.60	154.70	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	830.76	264.64	1,095.40	2,070.60	661.70	2,732.30
	STATE MAINTENANCE PLAN	791.20	-	791.20	1,972.00	-	1,972.00
JACKSON							
	GUNDERSEN HEALTH PLAN	677.78	63.02	740.80	1,686.62	157.88	1,844.50
	HEALTH TRADITION HEALTH PLAN	645.50	-	645.50	1,606.30	-	1,606.30
	HEALTHPARTNERS HEALTH PLAN	677.78	153.52	831.30	1,686.62	384.18	2,070.80
3	SECURITY HEALTH PLAN	677.78	300.52	978.30	1,686.62	751.68	2,438.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	677.78	215.32	893.10	1,686.62	538.68	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	677.78	417.62	1,095.40	1,686.62	1,045.68	2,732.30
JEFFERSON							
	ANTHEM BLUE PREFERRED SOUTHEAST	617.30	75.50	692.80	1,535.42	189.08	1,724.50
*	ARISE HEALTH PLAN NORTHERN	617.30	339.20	956.50	1,535.42	848.38	2,383.80
	DEAN HEALTH INSURANCE	617.30	11.00	628.30	1,535.42	27.88	1,563.30
3	HUMANA - EASTERN	617.30	490.20	1,107.50	1,535.42	1,225.88	2,761.30
	MERCYCARE HEALTH PLANS	587.90	-	587.90	1,462.30	-	1,462.30
	PHYSICIANS PLUS	617.30	40.10	657.40	1,535.42	100.58	1,636.00
	UNITEDHEALTHCARE OF WISCONSIN	617.30	208.10	825.40	1,535.42	520.58	2,056.00
	UNITY HEALTH INSURANCE - COMMUNITY	617.30	2.50	619.80	1,535.42	6.58	1,542.00
	WEA TRUST - EAST	617.30	146.80	764.10	1,535.42	367.38	1,902.80
3	STANDARD PLAN - DANE	617.30	400.70	1,018.00	1,535.42	1,002.18	2,537.60
JUNEAU							
*	DEAN HEALTH INSURANCE	628.30	-	628.30	1,563.30	-	1,563.30
	GUNDERSEN HEALTH PLAN	650.79	90.01	740.80	1,619.10	225.40	1,844.50
	HEALTH TRADITION HEALTH PLAN	645.50	-	645.50	1,606.30	-	1,606.30
	PHYSICIANS PLUS	650.79	6.61	657.40	1,619.10	16.90	1,636.00
	SECURITY HEALTH PLAN	650.79	327.51	978.30	1,619.10	819.20	2,438.30
	UNITY HEALTH INSURANCE - COMMUNITY	619.80	-	619.80	1,542.00	-	1,542.00
	WEA TRUST - EAST	650.79	113.31	764.10	1,619.10	283.70	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	650.79	444.61	1,095.40	1,619.10	1,113.20	2,732.30
KENOSHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	692.80	-	692.80	1,724.50	-	1,724.50
	ARISE HEALTH PLAN SOUTHEAST	727.44	259.36	986.80	1,810.73	648.77	2,459.50
3	HUMANA - EASTERN	727.44	380.06	1,107.50	1,810.73	950.57	2,761.30
	UNITEDHEALTHCARE OF WISCONSIN	727.44	97.96	825.40	1,810.73	245.27	2,056.00
	WEA TRUST - EAST	727.44	36.66	764.10	1,810.73	92.07	1,902.80
3	STANDARD PLAN - WAUKESHA	727.44	367.96	1,095.40	1,810.73	921.57	2,732.30
KEWAUNEE							
*	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
	ARISE HEALTH PLAN NORTHERN	742.56	213.94	956.50	1,848.53	535.27	2,383.80
*	DEAN HEALTH INSURANCE - PREVEA360	742.56	18.44	761.00	1,848.53	46.47	1,895.00
3	HUMANA - EASTERN	742.56	364.94	1,107.50	1,848.53	912.77	2,761.30
	NETWORK HEALTH	707.20	-	707.20	1,760.50	-	1,760.50
*	UNITEDHEALTHCARE OF WISCONSIN	742.56	82.84	825.40	1,848.53	207.47	2,056.00
	WEA TRUST - EAST	742.56	21.54	764.10	1,848.53	54.27	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	742.56	352.84	1,095.40	1,848.53	883.77	2,732.30
LACROSSE							
	GUNDERSEN HEALTH PLAN	677.78	63.02	740.80	1,686.62	157.88	1,844.50
	HEALTH TRADITION HEALTH PLAN	645.50	-	645.50	1,606.30	-	1,606.30
	HEALTHPARTNERS HEALTH PLAN	677.78	153.52	831.30	1,686.62	384.18	2,070.80
3	STANDARD PLAN - DANE	677.78	340.22	1,018.00	1,686.62	850.98	2,537.60
LAFAYETTE							
*	DEAN HEALTH INSURANCE	612.99	15.31	628.30	1,524.60	38.70	1,563.30
	MEDICAL ASSOCIATES HEALTH PLANS	583.80	-	583.80	1,452.00	-	1,452.00
	PHYSICIANS PLUS	612.99	44.41	657.40	1,524.60	111.40	1,636.00
*	UNITY HEALTH INSURANCE - COMMUNITY	612.99	6.81	619.80	1,524.60	17.40	1,542.00
3	STANDARD PLAN - BALANCE OF STATE	612.99	482.41	1,095.40	1,524.60	1,207.70	2,732.30
LANGLADE							
	ARISE HEALTH PLAN NORTHERN	802.31	154.19	956.50	1,997.94	385.86	2,383.80
3	GHC OF EAU CLAIRE	802.31	237.59	1,039.90	1,997.94	594.36	2,592.30
*	HEALTHPARTNERS HEALTH PLAN	802.31	28.99	831.30	1,997.94	72.86	2,070.80
3	SECURITY HEALTH PLAN	802.31	175.99	978.30	1,997.94	440.36	2,438.30
	WEA TRUST - EAST	764.10	-	764.10	1,902.80	-	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	802.31	293.09	1,095.40	1,997.94	734.36	2,732.30

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
* = Not In Calculation - Plan Not Qualified in

Deductible HMO - Standard PPO - P04
105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
LINCOLN							
*	ARISE HEALTH PLAN NORTHERN	802.31	154.19	956.50	1,997.94	385.86	2,383.80
3	GHC OF EAU CLAIRE	802.31	237.59	1,039.90	1,997.94	594.36	2,592.30
	HEALTHPARTNERS HEALTH PLAN	802.31	28.99	831.30	1,997.94	72.86	2,070.80
3	SECURITY HEALTH PLAN	802.31	175.99	978.30	1,997.94	440.36	2,438.30
	WEA TRUST - EAST	764.10	-	764.10	1,902.80	-	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	802.31	293.09	1,095.40	1,997.94	734.36	2,732.30
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
	ARISE HEALTH PLAN NORTHERN	679.35	277.15	956.50	1,690.50	693.30	2,383.80
	DEAN HEALTH INSURANCE - PREVEA360	679.35	81.65	761.00	1,690.50	204.50	1,895.00
3	HUMANA - EASTERN	679.35	428.15	1,107.50	1,690.50	1,070.80	2,761.30
	NETWORK HEALTH	679.35	27.85	707.20	1,690.50	70.00	1,760.50
	UNITEDHEALTHCARE OF WISCONSIN	679.35	146.05	825.40	1,690.50	365.50	2,056.00
	WEA TRUST - EAST	679.35	84.75	764.10	1,690.50	212.30	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	679.35	416.05	1,095.40	1,690.50	1,041.80	2,732.30
MARATHON							
	ARISE HEALTH PLAN NORTHERN	802.31	154.19	956.50	1,997.94	385.86	2,383.80
3	GHC OF EAU CLAIRE	802.31	237.59	1,039.90	1,997.94	594.36	2,592.30
	HEALTHPARTNERS HEALTH PLAN	802.31	28.99	831.30	1,997.94	72.86	2,070.80
3	SECURITY HEALTH PLAN	802.31	175.99	978.30	1,997.94	440.36	2,438.30
	WEA TRUST - EAST	764.10	-	764.10	1,902.80	-	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	802.31	293.09	1,095.40	1,997.94	734.36	2,732.30
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
	ARISE HEALTH PLAN NORTHERN	679.35	277.15	956.50	1,690.50	693.30	2,383.80
*	DEAN HEALTH INSURANCE - PREVEA360	679.35	81.65	761.00	1,690.50	204.50	1,895.00
3	HUMANA - EASTERN	679.35	428.15	1,107.50	1,690.50	1,070.80	2,761.30
	UNITEDHEALTHCARE OF WISCONSIN	679.35	146.05	825.40	1,690.50	365.50	2,056.00
	WEA TRUST - EAST	679.35	84.75	764.10	1,690.50	212.30	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	679.35	416.05	1,095.40	1,690.50	1,041.80	2,732.30
MARQUETTE							
*	ARISE HEALTH PLAN NORTHERN	690.27	266.23	956.50	1,717.80	666.00	2,383.80
*	GHC OF SOUTH CENTRAL WISCONSIN	576.60	-	576.60	1,434.00	-	1,434.00
*	NETWORK HEALTH	690.27	16.93	707.20	1,717.80	42.70	1,760.50
	PHYSICIANS PLUS	657.40	-	657.40	1,636.00	-	1,636.00
*	UNITEDHEALTHCARE OF WISCONSIN	690.27	135.13	825.40	1,717.80	338.20	2,056.00
*	UNITY HEALTH INSURANCE - COMMUNITY	619.80	-	619.80	1,542.00	-	1,542.00
	WEA TRUST - EAST	690.27	73.83	764.10	1,717.80	185.00	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	690.27	405.13	1,095.40	1,717.80	1,014.50	2,732.30
MENOMINEE							
*	WEA TRUST - EAST	764.10	-	764.10	1,902.80	-	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	830.76	264.64	1,095.40	2,070.60	661.70	2,732.30
	STATE MAINTENANCE PLAN	791.20	-	791.20	1,972.00	-	1,972.00
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	692.80	-	692.80	1,724.50	-	1,724.50
	ARISE HEALTH PLAN SOUTHEAST	727.44	259.36	986.80	1,810.73	648.77	2,459.50
3	HUMANA - EASTERN	727.44	380.06	1,107.50	1,810.73	950.57	2,761.30
	UNITEDHEALTHCARE OF WISCONSIN	727.44	97.96	825.40	1,810.73	245.27	2,056.00
	WEA TRUST - EAST	727.44	36.66	764.10	1,810.73	92.07	1,902.80
3	STANDARD PLAN - MILWAUKEE	727.44	454.26	1,181.70	1,810.73	1,135.47	2,946.20
MONROE							
	GUNDERSEN HEALTH PLAN	677.78	63.02	740.80	1,686.62	157.88	1,844.50
	HEALTH TRADITION HEALTH PLAN	645.50	-	645.50	1,606.30	-	1,606.30
	HEALTHPARTNERS HEALTH PLAN	677.78	153.52	831.30	1,686.62	384.18	2,070.80
3	STANDARD PLAN - BALANCE OF STATE	677.78	417.62	1,095.40	1,686.62	1,045.68	2,732.30
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
	ARISE HEALTH PLAN NORTHERN	679.35	277.15	956.50	1,690.50	693.30	2,383.80
	DEAN HEALTH INSURANCE - PREVEA360	679.35	81.65	761.00	1,690.50	204.50	1,895.00
3	HUMANA - EASTERN	679.35	428.15	1,107.50	1,690.50	1,070.80	2,761.30
	NETWORK HEALTH	679.35	27.85	707.20	1,690.50	70.00	1,760.50
*	UNITEDHEALTHCARE OF WISCONSIN	679.35	146.05	825.40	1,690.50	365.50	2,056.00
	WEA TRUST - EAST	679.35	84.75	764.10	1,690.50	212.30	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	679.35	416.05	1,095.40	1,690.50	1,041.80	2,732.30
ONEIDA							
*	ARISE HEALTH PLAN NORTHERN	802.31	154.19	956.50	1,997.94	385.86	2,383.80
3	GHC OF EAU CLAIRE	802.31	237.59	1,039.90	1,997.94	594.36	2,592.30
	HEALTHPARTNERS HEALTH PLAN	802.31	28.99	831.30	1,997.94	72.86	2,070.80
3	SECURITY HEALTH PLAN	802.31	175.99	978.30	1,997.94	440.36	2,438.30
	WEA TRUST - EAST	764.10	-	764.10	1,902.80	-	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	802.31	293.09	1,095.40	1,997.94	734.36	2,732.30

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
* = Not In Calculation - Plan Not Qualified in

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
OUTAGAMIE							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
	ARISE HEALTH PLAN NORTHERN	679.35	277.15	956.50	1,690.50	693.30	2,383.80
*	DEAN HEALTH INSURANCE - PREVEA360	679.35	81.65	761.00	1,690.50	204.50	1,895.00
3	HUMANA - EASTERN	679.35	428.15	1,107.50	1,690.50	1,070.80	2,761.30
	NETWORK HEALTH	679.35	27.85	707.20	1,690.50	70.00	1,760.50
	UNITEDHEALTHCARE OF WISCONSIN	679.35	146.05	825.40	1,690.50	365.50	2,056.00
	WEA TRUST - EAST	679.35	84.75	764.10	1,690.50	212.30	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	679.35	416.05	1,095.40	1,690.50	1,041.80	2,732.30
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	692.80	-	692.80	1,724.50	-	1,724.50
	ARISE HEALTH PLAN SOUTHEAST	727.44	259.36	986.80	1,810.73	648.77	2,459.50
3	HUMANA - EASTERN	727.44	380.06	1,107.50	1,810.73	950.57	2,761.30
	UNITEDHEALTHCARE OF WISCONSIN	727.44	97.96	825.40	1,810.73	245.27	2,056.00
	WEA TRUST - EAST	727.44	36.66	764.10	1,810.73	92.07	1,902.80
3	STANDARD PLAN - WAUKESHA	727.44	367.96	1,095.40	1,810.73	921.57	2,732.30
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	831.30	-	831.30	2,070.80	-	2,070.80
3	HUMANA - WESTERN	937.76	169.74	1,107.50	2,336.57	424.73	2,761.30
3	SECURITY HEALTH PLAN	937.76	40.54	978.30	2,336.57	101.73	2,438.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	893.10	-	893.10	2,225.30	-	2,225.30
3	STANDARD PLAN - WAUKESHA	937.76	247.19	1,095.40	2,336.57	617.08	2,732.30
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	831.30	-	831.30	2,070.80	-	2,070.80
3	HUMANA - WESTERN	872.87	234.63	1,107.50	2,174.34	586.96	2,761.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	872.87	20.23	893.10	2,174.34	50.96	2,225.30
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	872.87	20.23	893.10	2,174.34	50.96	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	872.87	222.53	1,095.40	2,174.34	557.96	2,732.30
POLK							
	HEALTHPARTNERS HEALTH PLAN	831.30	-	831.30	2,070.80	-	2,070.80
3	HUMANA - WESTERN	872.87	234.63	1,107.50	2,174.34	586.96	2,761.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	872.87	20.23	893.10	2,174.34	50.96	2,225.30
3	STANDARD PLAN - DANE	872.87	145.13	1,018.00	2,174.34	363.26	2,537.60
PORTAGE							
	ARISE HEALTH PLAN NORTHERN	802.31	154.19	956.50	1,997.94	385.86	2,383.80
	HEALTHPARTNERS HEALTH PLAN	802.31	28.99	831.30	1,997.94	72.86	2,070.80
3	SECURITY HEALTH PLAN	802.31	175.99	978.30	1,997.94	440.36	2,438.30
	WEA TRUST - EAST	764.10	-	764.10	1,902.80	-	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	802.31	293.09	1,095.40	1,997.94	734.36	2,732.30
PRICE							
3	GHC OF EAU CLAIRE	802.31	237.59	1,039.90	1,997.94	594.36	2,592.30
*	HEALTHPARTNERS HEALTH PLAN	802.31	28.99	831.30	1,997.94	72.86	2,070.80
3	SECURITY HEALTH PLAN	802.31	175.99	978.30	1,997.94	440.36	2,438.30
	WEA TRUST - EAST	764.10	-	764.10	1,902.80	-	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	802.31	293.09	1,095.40	1,997.94	734.36	2,732.30
RACINE							
	ANTHEM BLUE PREFERRED SOUTHEAST	692.80	-	692.80	1,724.50	-	1,724.50
*	ARISE HEALTH PLAN SOUTHEAST	727.44	259.36	986.80	1,810.73	648.77	2,459.50
3	HUMANA - EASTERN	727.44	380.06	1,107.50	1,810.73	950.57	2,761.30
	UNITEDHEALTHCARE OF WISCONSIN	727.44	97.96	825.40	1,810.73	245.27	2,056.00
	WEA TRUST - EAST	727.44	36.66	764.10	1,810.73	92.07	1,902.80
3	STANDARD PLAN - WAUKESHA	727.44	367.96	1,095.40	1,810.73	921.57	2,732.30
RICHLAND							
	DEAN HEALTH INSURANCE	628.30	-	628.30	1,563.30	-	1,563.30
	GUNDERSEN HEALTH PLAN	650.79	90.01	740.80	1,619.10	225.40	1,844.50
*	HEALTH TRADITION HEALTH PLAN	645.50	-	645.50	1,606.30	-	1,606.30
	PHYSICIANS PLUS	650.79	6.61	657.40	1,619.10	16.90	1,636.00
	UNITY HEALTH INSURANCE - COMMUNITY	619.80	-	619.80	1,542.00	-	1,542.00
3	STANDARD PLAN - BALANCE OF STATE	650.79	444.61	1,095.40	1,619.10	1,113.20	2,732.30
ROCK							
	ANTHEM BLUE PREFERRED SOUTHEAST	617.30	75.50	692.80	1,535.42	189.08	1,724.50
	DEAN HEALTH INSURANCE	617.30	11.00	628.30	1,535.42	27.88	1,563.30
3	HUMANA - EASTERN	617.30	490.20	1,107.50	1,535.42	1,225.88	2,761.30
	MERCYCARE HEALTH PLANS	587.90	-	587.90	1,462.30	-	1,462.30
*	PHYSICIANS PLUS	617.30	40.10	657.40	1,535.42	100.58	1,636.00
	UNITEDHEALTHCARE OF WISCONSIN	617.30	208.10	825.40	1,535.42	520.58	2,056.00
	UNITY HEALTH INSURANCE - COMMUNITY	617.30	2.50	619.80	1,535.42	6.58	1,542.00
	WEA TRUST - EAST	617.30	146.80	764.10	1,535.42	367.38	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	617.30	478.10	1,095.40	1,535.42	1,196.88	2,732.30
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	831.30	-	831.30	2,070.80	-	2,070.80
3	SECURITY HEALTH PLAN	937.76	40.54	978.30	2,336.57	101.73	2,438.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	893.10	-	893.10	2,225.30	-	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	937.76	157.64	1,095.40	2,336.57	395.73	2,732.30

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
* = Not In Calculation - Plan Not Qualified in

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
SAUK							
	DEAN HEALTH INSURANCE	628.30	-	628.30	1,563.30	-	1,563.30
*	GHC OF SOUTH CENTRAL WISCONSIN	576.60	-	576.60	1,434.00	-	1,434.00
	GUNDERSEN HEALTH PLAN	650.79	90.01	740.80	1,619.10	225.40	1,844.50
*	HEALTH TRADITION HEALTH PLAN	645.50	-	645.50	1,606.30	-	1,606.30
	PHYSICIANS PLUS	650.79	6.61	657.40	1,619.10	16.90	1,636.00
	UNITY HEALTH INSURANCE - COMMUNITY	619.80	-	619.80	1,542.00	-	1,542.00
3	STANDARD PLAN - BALANCE OF STATE	650.79	444.61	1,095.40	1,619.10	1,113.20	2,732.30
SAWYER							
3	GHC OF EAU CLAIRE	872.87	167.03	1,039.90	2,174.34	417.96	2,592.30
*	GUNDERSEN HEALTH PLAN	740.80	-	740.80	1,844.50	-	1,844.50
	HEALTHPARTNERS HEALTH PLAN	831.30	-	831.30	2,070.80	-	2,070.80
3	SECURITY HEALTH PLAN	872.87	105.43	978.30	2,174.34	263.96	2,438.30
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	872.87	20.23	893.10	2,174.34	50.96	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	872.87	222.53	1,095.40	2,174.34	557.96	2,732.30
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
	ARISE HEALTH PLAN NORTHERN	679.35	277.15	956.50	1,690.50	693.30	2,383.80
3	HUMANA - EASTERN	679.35	428.15	1,107.50	1,690.50	1,070.80	2,761.30
	NETWORK HEALTH	679.35	27.85	707.20	1,690.50	70.00	1,760.50
	UNITEDHEALTHCARE OF WISCONSIN	679.35	146.05	825.40	1,690.50	365.50	2,056.00
	WEA TRUST - EAST	679.35	84.75	764.10	1,690.50	212.30	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	679.35	416.05	1,095.40	1,690.50	1,041.80	2,732.30
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
	ARISE HEALTH PLAN NORTHERN	679.35	277.15	956.50	1,690.50	693.30	2,383.80
	DEAN HEALTH INSURANCE - PREVEA360	679.35	81.65	761.00	1,690.50	204.50	1,895.00
3	HUMANA - EASTERN	679.35	428.15	1,107.50	1,690.50	1,070.80	2,761.30
	NETWORK HEALTH	679.35	27.85	707.20	1,690.50	70.00	1,760.50
	UNITEDHEALTHCARE OF WISCONSIN	679.35	146.05	825.40	1,690.50	365.50	2,056.00
	WEA TRUST - EAST	679.35	84.75	764.10	1,690.50	212.30	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	679.35	416.05	1,095.40	1,690.50	1,041.80	2,732.30
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	831.30	-	831.30	2,070.80	-	2,070.80
3	HUMANA - WESTERN	872.87	234.63	1,107.50	2,174.34	586.96	2,761.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	872.87	20.23	893.10	2,174.34	50.96	2,225.30
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	872.87	20.23	893.10	2,174.34	50.96	2,225.30
3	STANDARD PLAN - DANE	872.87	145.13	1,018.00	2,174.34	363.26	2,537.60
TAYLOR							
	ARISE HEALTH PLAN NORTHERN	802.31	154.19	956.50	1,997.94	385.86	2,383.80
3	GHC OF EAU CLAIRE	802.31	237.59	1,039.90	1,997.94	594.36	2,592.30
*	HEALTHPARTNERS HEALTH PLAN	802.31	28.99	831.30	1,997.94	72.86	2,070.80
3	SECURITY HEALTH PLAN	802.31	175.99	978.30	1,997.94	440.36	2,438.30
	WEA TRUST - EAST	764.10	-	764.10	1,902.80	-	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	802.31	293.09	1,095.40	1,997.94	734.36	2,732.30
TREMPEALEAU							
	GUNDERSEN HEALTH PLAN	740.80	-	740.80	1,844.50	-	1,844.50
*	HEALTH TRADITION HEALTH PLAN	645.50	-	645.50	1,606.30	-	1,606.30
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	777.84	115.26	893.10	1,936.73	288.57	2,225.30
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	777.84	115.26	893.10	1,936.73	288.57	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	777.84	317.56	1,095.40	1,936.73	795.57	2,732.30
VERNON							
*	DEAN HEALTH INSURANCE	628.30	-	628.30	1,563.30	-	1,563.30
	GUNDERSEN HEALTH PLAN	650.79	90.01	740.80	1,619.10	225.40	1,844.50
	HEALTH TRADITION HEALTH PLAN	645.50	-	645.50	1,606.30	-	1,606.30
*	HEALTHPARTNERS HEALTH PLAN	650.79	180.51	831.30	1,619.10	451.70	2,070.80
*	PHYSICIANS PLUS	650.79	6.61	657.40	1,619.10	16.90	1,636.00
	UNITY HEALTH INSURANCE - COMMUNITY	619.80	-	619.80	1,542.00	-	1,542.00
3	STANDARD PLAN - BALANCE OF STATE	650.79	444.61	1,095.40	1,619.10	1,113.20	2,732.30
VILAS							
*	ARISE HEALTH PLAN NORTHERN	830.76	125.74	956.50	2,070.60	313.20	2,383.80
3	GHC OF EAU CLAIRE	830.76	209.14	1,039.90	2,070.60	521.70	2,592.30
*	HEALTHPARTNERS HEALTH PLAN	830.76	0.54	831.30	2,070.60	0.20	2,070.80
3	SECURITY HEALTH PLAN	830.76	147.54	978.30	2,070.60	367.70	2,438.30
*	WEA TRUST - EAST	764.10	-	764.10	1,902.80	-	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	830.76	264.64	1,095.40	2,070.60	661.70	2,732.30
	STATE MAINTENANCE PLAN	791.20	-	791.20	1,972.00	-	1,972.00
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	617.30	75.50	692.80	1,535.42	189.08	1,724.50
*	ARISE HEALTH PLAN SOUTHEAST	617.30	369.50	986.80	1,535.42	924.08	2,459.50
*	DEAN HEALTH INSURANCE	617.30	11.00	628.30	1,535.42	27.88	1,563.30
3	HUMANA - EASTERN	617.30	490.20	1,107.50	1,535.42	1,225.88	2,761.30
	MERCYCARE HEALTH PLANS	587.90	-	587.90	1,462.30	-	1,462.30
*	PHYSICIANS PLUS	617.30	40.10	657.40	1,535.42	100.58	1,636.00
	UNITEDHEALTHCARE OF WISCONSIN	617.30	208.10	825.40	1,535.42	520.58	2,056.00
	UNITY HEALTH INSURANCE - COMMUNITY	617.30	2.50	619.80	1,535.42	6.58	1,542.00
	WEA TRUST - EAST	617.30	146.80	764.10	1,535.42	367.38	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	617.30	478.10	1,095.40	1,535.42	1,196.88	2,732.30

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
* = Not In Calculation - Plan Not Qualified in

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WASHBURN							
	GHC OF EAU CLAIRE	872.87	167.03	1,039.90	2,174.34	417.96	2,592.30
*	GUNDERSEN HEALTH PLAN	740.80	-	740.80	1,844.50	-	1,844.50
	HEALTHPARTNERS HEALTH PLAN	831.30	-	831.30	2,070.80	-	2,070.80
3	SECURITY HEALTH PLAN	872.87	105.43	978.30	2,174.34	263.96	2,438.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	872.87	20.23	893.10	2,174.34	50.96	2,225.30
3	STANDARD PLAN - BALANCE OF STATE	872.87	222.53	1,095.40	2,174.34	557.96	2,732.30
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	692.80	-	692.80	1,724.50	-	1,724.50
	ARISE HEALTH PLAN SOUTHEAST	727.44	259.36	986.80	1,810.73	648.77	2,459.50
3	HUMANA - EASTERN	727.44	380.06	1,107.50	1,810.73	950.57	2,761.30
	UNITEDHEALTHCARE OF WISCONSIN	727.44	97.96	825.40	1,810.73	245.27	2,056.00
	WEA TRUST - EAST	727.44	36.66	764.10	1,810.73	92.07	1,902.80
3	STANDARD PLAN - WAUKESHA	727.44	367.96	1,095.40	1,810.73	921.57	2,732.30
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	659.72	33.08	692.80	1,641.47	83.03	1,724.50
	ARISE HEALTH PLAN SOUTHEAST	659.72	327.08	986.80	1,641.47	818.03	2,459.50
	DEAN HEALTH INSURANCE	628.30	-	628.30	1,563.30	-	1,563.30
3	HUMANA - EASTERN	659.72	447.78	1,107.50	1,641.47	1,119.83	2,761.30
*	PHYSICIANS PLUS	657.40	-	657.40	1,636.00	-	1,636.00
	UNITEDHEALTHCARE OF WISCONSIN	659.72	165.68	825.40	1,641.47	414.53	2,056.00
	WEA TRUST - EAST	659.72	104.38	764.10	1,641.47	261.33	1,902.80
3	STANDARD PLAN - WAUKESHA	659.72	435.68	1,095.40	1,641.47	1,090.83	2,732.30
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
	ARISE HEALTH PLAN NORTHERN	679.35	277.15	956.50	1,690.50	693.30	2,383.80
3	HUMANA - EASTERN	679.35	428.15	1,107.50	1,690.50	1,070.80	2,761.30
	NETWORK HEALTH	679.35	27.85	707.20	1,690.50	70.00	1,760.50
3	SECURITY HEALTH PLAN	679.35	298.95	978.30	1,690.50	747.80	2,438.30
	UNITEDHEALTHCARE OF WISCONSIN	679.35	146.05	825.40	1,690.50	365.50	2,056.00
	WEA TRUST - EAST	679.35	84.75	764.10	1,690.50	212.30	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	679.35	416.05	1,095.40	1,690.50	1,041.80	2,732.30
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
	ARISE HEALTH PLAN NORTHERN	679.35	277.15	956.50	1,690.50	693.30	2,383.80
3	HUMANA - EASTERN	679.35	428.15	1,107.50	1,690.50	1,070.80	2,761.30
	NETWORK HEALTH	679.35	27.85	707.20	1,690.50	70.00	1,760.50
*	PHYSICIANS PLUS	657.40	-	657.40	1,636.00	-	1,636.00
3	SECURITY HEALTH PLAN	679.35	298.95	978.30	1,690.50	747.80	2,438.30
	UNITEDHEALTHCARE OF WISCONSIN	679.35	146.05	825.40	1,690.50	365.50	2,056.00
	WEA TRUST - EAST	679.35	84.75	764.10	1,690.50	212.30	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	679.35	416.05	1,095.40	1,690.50	1,041.80	2,732.30
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	647.00	-	647.00	1,610.00	-	1,610.00
	ARISE HEALTH PLAN NORTHERN	679.35	277.15	956.50	1,690.50	693.30	2,383.80
3	HUMANA - EASTERN	679.35	428.15	1,107.50	1,690.50	1,070.80	2,761.30
	NETWORK HEALTH	679.35	27.85	707.20	1,690.50	70.00	1,760.50
	UNITEDHEALTHCARE OF WISCONSIN	679.35	146.05	825.40	1,690.50	365.50	2,056.00
	WEA TRUST - EAST	679.35	84.75	764.10	1,690.50	212.30	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	679.35	416.05	1,095.40	1,690.50	1,041.80	2,732.30
WOOD							
	ARISE HEALTH PLAN NORTHERN	956.50	-	956.50	2,383.80	-	2,383.80
*	HEALTHPARTNERS HEALTH PLAN	831.30	-	831.30	2,070.80	-	2,070.80
*	PHYSICIANS PLUS	657.40	-	657.40	1,636.00	-	1,636.00
3	SECURITY HEALTH PLAN	978.30	-	978.30	2,438.30	-	2,438.30
*	WEA TRUST - EAST	764.10	-	764.10	1,902.80	-	1,902.80
3	STANDARD PLAN - BALANCE OF STATE	1,004.33	91.07	1,095.40	2,502.99	229.31	2,732.30

REV (9/30/2014)