2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan * = Not In Calculation - Plan Not Qualified in County AND/OR 1st Year in Service Area (marked with ^)

IYC Local HDHP; No Dental - P17

88% of the Tier 1 Qualified Plans' Average Premium

		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	526.53	71.77	598.30	1,308.56	178.34	1,486.90
	PHYSICIANS PLUS	526.53	54.07	580.60	1,308.56	134.14	1,442.70
3	SECURITY HEALTH PLAN	526.53	336.07	862.60	1,308.56	839.14	2,147.70
	UNITY HEALTH INSURANCE - COMMUNITY	526.53	24.27	550.80	1,308.56	59.64	1,368.20
	WEA TRUST - EAST	526.53	137.07	663.60	1,308.56	341.64	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	526.53	468.17	994.70	1,308.56	1,173.14	2,481.70
ASHLAND							
3	GHC OF EAU CLAIRE	697.71	135.89	833.60	1,736.50	338.70	2,075.20
	HEALTHPARTNERS HEALTH PLAN	697.71	41.99	739.70	1,736.50	103.90	1,840.40
3	SECURITY HEALTH PLAN	697.71	164.89	862.60	1,736.50	411.20	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	697.71	148.29	846.00	1,736.50	369.70	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	697.71	296.99	994.70	1,736.50	745.20	2,481.70
BARRON							
	HEALTHPARTNERS HEALTH PLAN	713.30	26.40	739.70	1,775.49	64.91	1,840.40
3	HUMANA - WESTERN	713.30	297.70	1,011.00	1,775.49	743.21	2,518.70
3	SECURITY HEALTH PLAN	713.30	149.30	862.60	1,775.49	372.21	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	713.30	132.70	846.00	1,775.49	330.71	2,106.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	713.30	132.70	846.00	1,775.49	330.71	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	713.30	281.40	994.70	1,775.49	706.21	2,481.70
BAYFIELD							
3 *	GHC OF EAU CLAIRE	600.25	233.35	833.60	1,494.59	580.61	2,075.20
3 *	SECURITY HEALTH PLAN	600.25	262.35	862.60	1,494.59	653.11	2,147.70
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	600.25	245.75	846.00	1,494.59	611.61	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	600.25	394.45	994.70	1,494.59	987.11	2,481.70
	STATE MAINTENANCE PLAN	600.25	81.85	682.10	1,494.59	203.81	1,698.40
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	591.96	269.14	861.10	1,472.14	671.76	2,143.90
	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
3	HUMANA - EASTERN	591.96	374.54	966.50	1,472.14	935.26	2,407.40
	NETWORK HEALTH NORTHEAST	591.96	24.84	616.80	1,472.14	61.06	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	591.96	144.34	736.30	1,472.14	359.76	1,831.90
	WEA TRUST - EAST	591.96	71.64	663.60	1,472.14	178.06	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	591.96	402.74	994.70	1,472.14	1,009.56	2,481.70
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
3	STANDARD PLAN - BALANCE OF STATE	600.25	394.45	994.70	1,494.59	987.11	2,481.70
	STATE MAINTENANCE PLAN	600.25	81.85	682.10	1,494.59	203.81	1,698.40
BURNETT							
3	GHC OF EAU CLAIRE	650.94	182.66	833.60	1,619.55	455.65	2,075.20
	HEALTHPARTNERS HEALTH PLAN	650.94	88.76	739.70	1,619.55	220.85	1,840.40
3	SECURITY HEALTH PLAN	650.94	211.66	862.60	1,619.55	528.15	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	650.94	343.76	994.70	1,619.55	862.15	2,481.70

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88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	566.90	12.60	579.50	1,409.47	30.43	1,439.90
*	ARISE HEALTH PLAN	566.90	294.20	861.10	1,409.47	734.43	2,143.90
3 *	HUMANA - EASTERN	566.90	399.60	966.50	1,409.47	997.93	2,407.40
	NETWORK HEALTH NORTHEAST	566.90	49.90	616.80	1,409.47	123.73	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	566.90	169.40	736.30	1,409.47	422.43	1,831.90
*	WEA TRUST - EAST	566.90	96.70	663.60	1,409.47	240.73	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	566.90	427.80	994.70	1,409.47	1,072.23	2,481.70
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	652.60	-	652.60	1,622.70	-	1,622.70
	HEALTHPARTNERS HEALTH PLAN	678.55	61.15	739.70	1,688.61	151.79	1,840.40
3	HUMANA - WESTERN	678.55	332.45	1,011.00	1,688.61	830.09	2,518.70
3	SECURITY HEALTH PLAN	678.55	184.05	862.60	1,688.61	459.09	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	678.55	167.45	846.00	1,688.61	417.59	2,106.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	678.55	167.45	846.00	1,688.61	417.59	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	678.55	316.15	994.70	1,688.61	793.09	2,481.70
CLARK							
*	ARISE ASPIRUS	656.57	166.53	823.10	1,633.66	415.24	2,048.90
3	GHC OF EAU CLAIRE	656.57	177.03	833.60	1,633.66	441.54	2,075.20
	GUNDERSEN HEALTH PLAN	652.60	-	652.60	1,622.70	-	1,622.70
	HEALTHPARTNERS HEALTH PLAN	656.57	83.13	739.70	1,633.66	206.74	1,840.40
3	SECURITY HEALTH PLAN	656.57	206.03	862.60	1,633.66	514.04	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	656.57	189.43	846.00	1,633.66	472.54	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	656.57	338.13	994.70	1,633.66	848.04	2,481.70
COLUMBIA							
	DEAN HEALTH INSURANCE	515.20	83.10	598.30	1,280.26	206.64	1,486.90
	GHC OF SOUTH CENTRAL WISCONSIN	515.20	18.80	534.00	1,280.26	45.94	1,326.20
	PHYSICIANS PLUS	515.20	65.40	580.60	1,280.26	162.44	1,442.70
	UNITY HEALTH INSURANCE - COMMUNITY	515.20	35.60	550.80	1,280.26	87.94	1,368.20
	WEA TRUST - EAST	515.20	148.40	663.60	1,280.26	369.94	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	515.20	479.50	994.70	1,280.26	1,201.44	2,481.70
CRAWFORD							
	GUNDERSEN HEALTH PLAN	550.09	102.51	652.60	1,367.45	255.25	1,622.70
	HEALTH TRADITION HEALTH PLAN	550.09	20.51	570.60	1,367.45	50.25	1,417.70
	HEALTHPARTNERS HEALTH PLAN	550.09	189.61	739.70	1,367.45	472.95	1,840.40
	MEDICAL ASSOCIATES HEALTH PLANS	537.50	-	537.50	1,334.90	-	1,334.90
*	UNITY HEALTH INSURANCE - COMMUNITY	550.09	0.71	550.80	1,367.45	0.75	1,368.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	550.09	295.91	846.00	1,367.45	738.75	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	550.09	444.61	994.70	1,367.45	1,114.25	2,481.70
DANE							
	DEAN HEALTH INSURANCE	479.18	119.12	598.30	1,190.18	296.72	1,486.90
	GHC OF SOUTH CENTRAL WISCONSIN	479.18	54.82	534.00	1,190.18	136.02	1,326.20
	PHYSICIANS PLUS	479.18	101.42	580.60	1,190.18	252.52	1,442.70
	UNITY HEALTH INSURANCE - UW HEALTH	479.18	24.32	503.50	1,190.18	59.72	1,249.90
	WEA TRUST - SOUTH CENTRAL	479.18	27.02	506.20	1,190.18	66.52	1,256.70
3	STANDARD PLAN - DANE	479.18	443.12	922.30	1,190.18	1,110.52	2,300.70

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		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
DODGE							
	ANTHEM BLUE PREFERRED SOUTHEAST	552.35	94.95	647.30	1,373.11	236.29	1,609.40
*	ARISE HEALTH PLAN	552.35	308.75	861.10	1,373.11	770.79	2,143.90
	DEAN HEALTH INSURANCE	552.35	45.95	598.30	1,373.11	113.79	1,486.90
3	HUMANA - EASTERN	552.35	414.15	966.50	1,373.11	1,034.29	2,407.40
	NETWORK HEALTH NORTHEAST	552.35	64.45	616.80	1,373.11	160.09	1,533.20
	PHYSICIANS PLUS	552.35	28.25	580.60	1,373.11	69.59	1,442.70
	UNITEDHEALTHCARE OF WISCONSIN	552.35	183.95	736.30	1,373.11	458.79	1,831.90
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
	WEA TRUST - EAST	552.35	111.25	663.60	1,373.11	277.09	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	552.35	442.35	994.70	1,373.11	1,108.59	2,481.70
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	608.48	252.62	861.10	1,513.44	630.46	2,143.90
*	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
3 *	HUMANA - EASTERN	608.48	358.02	966.50	1,513.44	893.96	2,407.40
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,513.44	19.76	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,513.44	318.46	1,831.90
	WEA TRUST - EAST	608.48	55.12	663.60	1,513.44	136.76	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,513.44	968.26	2,481.70
DOUGLAS							
3	GHC OF EAU CLAIRE	697.71	135.89	833.60	1,736.50	338.70	2,075.20
	HEALTHPARTNERS HEALTH PLAN	697.71	41.99	739.70	1,736.50	103.90	1,840.40
3	SECURITY HEALTH PLAN	697.71	164.89	862.60	1,736.50	411.20	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	697.71	148.29	846.00	1,736.50	369.70	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	697.71	296.99	994.70	1,736.50	745.20	2,481.70
DUNN							
3	HUMANA - WESTERN	744.48	266.52	1,011.00	1,853.46	665.24	2,518.70
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	744.48	101.52	846.00	1,853.46	252.74	2,106.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	744.48	101.52	846.00	1,853.46	252.74	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	744.48	250.22	994.70	1,853.46	628.24	2,481.70
EAU CLAIRE							
	GUNDERSEN HEALTH PLAN	652.60	-	652.60	1,622.70	-	1,622.70
	HEALTHPARTNERS HEALTH PLAN	678.55	61.15	739.70	1,688.61	151.79	1,840.40
3	HUMANA - WESTERN	678.55	332.45	1,011.00	1,688.61	830.09	2,518.70
3	SECURITY HEALTH PLAN	678.55	184.05	862.60	1,688.61	459.09	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	678.55	167.45	846.00	1,688.61	417.59	2,106.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	678.55	167.45	846.00	1,688.61	417.59	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	678.55	316.15	994.70	1,688.61	793.09	2,481.70
FLORENCE							
*	ARISE ASPIRUS	600.25	222.85	823.10	1,494.59	554.31	2,048.90
3	STANDARD PLAN - BALANCE OF STATE	600.25	394.45	994.70	1,494.59	987.11	2,481.70
	STATE MAINTENANCE PLAN	600.25	81.85	682.10	1,494.59	203.81	1,698.40

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		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	578.28	1.22	579.50	1,437.92	1.98	1,439.90
	ARISE HEALTH PLAN	578.28	282.82	861.10	1,437.92	705.98	2,143.90
	DEAN HEALTH INSURANCE	578.28	20.02	598.30	1,437.92	48.98	1,486.90
3	HUMANA - EASTERN	578.28	388.22	966.50	1,437.92	969.48	2,407.40
	NETWORK HEALTH NORTHEAST	578.28	38.52	616.80	1,437.92	95.28	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	578.28	158.02	736.30	1,437.92	393.98	1,831.90
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	578.28	416.42	994.70	1,437.92	1,043.78	2,481.70
FOREST							
*	ARISE ASPIRUS	600.25	222.85	823.10	1,494.59	554.31	2,048.90
3 *	SECURITY HEALTH PLAN	600.25	262.35	862.60	1,494.59	653.11	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	600.25	394.45	994.70	1,494.59	987.11	2,481.70
	STATE MAINTENANCE PLAN	600.25	81.85	682.10	1,494.59	203.81	1,698.40
GRANT							
	DEAN HEALTH INSURANCE	513.88	84.42	598.30	1,276.95	209.95	1,486.90
	GUNDERSEN HEALTH PLAN	513.88	138.72	652.60	1,276.95	345.75	1,622.70
*	HEALTH TRADITION HEALTH PLAN	513.88	56.72	570.60	1,276.95	140.75	1,417.70
*	HEALTHPARTNERS HEALTH PLAN	513.88	225.82	739.70	1,276.95	563.45	1,840.40
	MEDICAL ASSOCIATES HEALTH PLANS	513.88	23.62	537.50	1,276.95	57.95	1,334.90
	PHYSICIANS PLUS	513.88	66.72	580.60	1,276.95	165.75	1,442.70
	UNITY HEALTH INSURANCE - COMMUNITY	513.88	36.92	550.80	1,276.95	91.25	1,368.20
3	STANDARD PLAN - DANE	513.88	408.42	922.30	1,276.95	1,023.75	2,300.70
GREEN							
	DEAN HEALTH INSURANCE	505.60	92.70	598.30	1,256.24	230.66	1,486.90
*	MERCYCARE HEALTH PLANS	505.60	58.60	564.20	1,256.24	145.46	1,401.70
	UNITY HEALTH INSURANCE - COMMUNITY	505.60	45.20	550.80	1,256.24	111.96	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	505.60	489.10	994.70	1,256.24	1,225.46	2,481.70
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	571.16	8.34	579.50	1,420.14	19.76	1,439.90
*	ARISE HEALTH PLAN	571.16	289.94	861.10	1,420.14	723.76	2,143.90
*	DEAN HEALTH INSURANCE	571.16	27.14	598.30	1,420.14	66.76	1,486.90
3	HUMANA - EASTERN	571.16	395.34	966.50	1,420.14	987.26	2,407.40
	NETWORK HEALTH NORTHEAST	571.16	45.64	616.80	1,420.14	113.06	1,533.20
*	PHYSICIANS PLUS	571.16	9.44	580.60	1,420.14	22.56	1,442.70
	UNITEDHEALTHCARE OF WISCONSIN	571.16	165.14	736.30	1,420.14	411.76	1,831.90
	WEA TRUST - EAST	571.16	92.44	663.60	1,420.14	230.06	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	571.16	423.54	994.70	1,420.14	1,061.56	2,481.70
IOWA							
	DEAN HEALTH INSURANCE	498.78	99.52	598.30	1,239.19	247.71	1,486.90
	MEDICAL ASSOCIATES HEALTH PLANS	498.78	38.72	537.50	1,239.19	95.71	1,334.90
	PHYSICIANS PLUS	498.78	81.82	580.60	1,239.19	203.51	1,442.70
	UNITY HEALTH INSURANCE - COMMUNITY	498.78	52.02	550.80	1,239.19	129.01	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	498.78	495.92	994.70	1,239.19	1,242.51	2,481.70

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		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	600.25	233.35	833.60	1,494.59	580.61	2,075.20
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	600.25	245.75	846.00	1,494.59	611.61	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	600.25	394.45	994.70	1,494.59	987.11	2,481.70
	STATE MAINTENANCE PLAN	600.25	81.85	682.10	1,494.59	203.81	1,698.40
JACKSON							
	GUNDERSEN HEALTH PLAN	617.96	34.64	652.60	1,537.14	85.56	1,622.70
	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
	HEALTHPARTNERS HEALTH PLAN	617.96	121.74	739.70	1,537.14	303.26	1,840.40
3	SECURITY HEALTH PLAN	617.96	244.64	862.60	1,537.14	610.56	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	617.96	228.04	846.00	1,537.14	569.06	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	617.96	376.74	994.70	1,537.14	944.56	2,481.70
JEFFERSON							
	ANTHEM BLUE PREFERRED SOUTHEAST	539.37	107.93	647.30	1,340.65	268.75	1,609.40
	DEAN HEALTH INSURANCE	539.37	58.93	598.30	1,340.65	146.25	1,486.90
3	HUMANA - EASTERN	539.37	427.13	966.50	1,340.65	1,066.75	2,407.40
	MERCYCARE HEALTH PLANS	539.37	24.83	564.20	1,340.65	61.05	1,401.70
	PHYSICIANS PLUS	539.37	41.23	580.60	1,340.65	102.05	1,442.70
	UNITEDHEALTHCARE OF WISCONSIN	539.37	196.93	736.30	1,340.65	491.25	1,831.90
	UNITY HEALTH INSURANCE - COMMUNITY	539.37	11.43	550.80	1,340.65	27.55	1,368.20
3	STANDARD PLAN - DANE	539.37	382.93	922.30	1,340.65	960.05	2,300.70
JUNEAU							
*	ARISE ASPIRUS	531.20	291.90	823.10	1,320.26	728.64	2,048.90
*	DEAN HEALTH INSURANCE	531.20	67.10	598.30	1,320.26	166.64	1,486.90
	GUNDERSEN HEALTH PLAN	531.20	121.40	652.60	1,320.26	302.44	1,622.70
	HEALTH TRADITION HEALTH PLAN	531.20	39.40	570.60	1,320.26	97.44	1,417.70
	PHYSICIANS PLUS	531.20	49.40	580.60	1,320.26	122.44	1,442.70
3	SECURITY HEALTH PLAN	531.20	331.40	862.60	1,320.26	827.44	2,147.70
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
	WEA TRUST - EAST	531.20	132.40	663.60	1,320.26	329.94	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	531.20	463.50	994.70	1,320.26	1,161.44	2,481.70
KENOSHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	647.30	-	647.30	1,609.40	-	1,609.40
	ARISE HEALTH PLAN	658.45	202.65	861.10	1,638.33	505.57	2,143.90
3	HUMANA - EASTERN	658.45	308.05	966.50	1,638.33	769.07	2,407.40
	UNITEDHEALTHCARE OF WISCONSIN	658.45	77.85	736.30	1,638.33	193.57	1,831.90
3	STANDARD PLAN - WAUKESHA	658.45	336.25	994.70	1,638.33	843.37	2,481.70
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	624.91	236.19	861.10	1,554.50	589.40	2,143.90
*	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
*	NETWORK HEALTH NORTHEAST	616.80	-	616.80	1,533.20	-	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	624.91	111.39	736.30	1,554.50	277.40	1,831.90
	WEA TRUST - EAST	624.91	38.69	663.60	1,554.50	95.70	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	624.91	369.79	994.70	1,554.50	927.20	2,481.70

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local HDHP; No Dental - P17

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
LACROSSE							
	GUNDERSEN HEALTH PLAN	617.96	34.64	652.60	1,537.14	85.56	1,622.70
	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
	HEALTHPARTNERS HEALTH PLAN	617.96	121.74	739.70	1,537.14	303.26	1,840.40
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	617.96	228.04	846.00	1,537.14	569.06	2,106.20
3	STANDARD PLAN - DANE	617.96	304.34	922.30	1,537.14	763.56	2,300.70
LAFAYETTE							
*	DEAN HEALTH INSURANCE	510.93	87.37	598.30	1,269.58	217.32	1,486.90
*	MEDICAL ASSOCIATES HEALTH PLANS	510.93	26.57	537.50	1,269.58	65.32	1,334.90
	PHYSICIANS PLUS	510.93	69.67	580.60	1,269.58	173.12	1,442.70
*	UNITY HEALTH INSURANCE - COMMUNITY	510.93	39.87	550.80	1,269.58	98.62	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	510.93	483.77	994.70	1,269.58	1,212.12	2,481.70
LANGLADE							
	ARISE ASPIRUS	724.33	98.77	823.10	1,803.03	245.87	2,048.90
3	GHC OF EAU CLAIRE	724.33	109.27	833.60	1,803.03	272.17	2,075.20
*	HEALTHPARTNERS HEALTH PLAN	724.33	15.37	739.70	1,803.03	37.37	1,840.40
3	SECURITY HEALTH PLAN	724.33	138.27	862.60	1,803.03	344.67	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	724.33	270.37	994.70	1,803.03	678.67	2,481.70
LINCOLN							
*	ARISE ASPIRUS	650.94	172.16	823.10	1,619.55	429.35	2,048.90
3	GHC OF EAU CLAIRE	650.94	182.66	833.60	1,619.55	455.65	2,075.20
	HEALTHPARTNERS HEALTH PLAN	650.94	88.76	739.70	1,619.55	220.85	1,840.40
3	SECURITY HEALTH PLAN	650.94	211.66	862.60	1,619.55	528.15	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	650.94	343.76	994.70	1,619.55	862.15	2,481.70
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	591.96	269.14	861.10	1,472.14	671.76	2,143.90
	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
3	HUMANA - EASTERN	591.96	374.54	966.50	1,472.14	935.26	2,407.40
	NETWORK HEALTH NORTHEAST	591.96	24.84	616.80	1,472.14	61.06	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	591.96	144.34	736.30	1,472.14	359.76	1,831.90
	WEA TRUST - EAST	591.96	71.64	663.60	1,472.14	178.06	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	591.96	402.74	994.70	1,472.14	1,009.56	2,481.70
MARATHON							
	ARISE ASPIRUS	653.08	170.02	823.10	1,624.92	423.98	2,048.90
3	GHC OF EAU CLAIRE	653.08	180.52	833.60	1,624.92	450.28	2,075.20
	HEALTHPARTNERS HEALTH PLAN	653.08	86.62	739.70	1,624.92	215.48	1,840.40
3	SECURITY HEALTH PLAN	653.08	209.52	862.60	1,624.92	522.78	2,147.70
	WEA TRUST - EAST	653.08	10.52	663.60	1,624.92	25.28	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	653.08	341.62	994.70	1,624.92	856.78	2,481.70
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	638.56	222.54	861.10	1,588.61	555.29	2,143.90
*	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
3	HUMANA - EASTERN	638.56	327.94	966.50	1,588.61	818.79	2,407.40
	UNITEDHEALTHCARE OF WISCONSIN	638.56	97.74	736.30	1,588.61	243.29	1,831.90
3	STANDARD PLAN - BALANCE OF STATE	638.56	356.14	994.70	1,588.61	893.09	2,481.70

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IYC Local HDHP; No Dental - P17

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
MARQUETTE							
*	DEAN HEALTH INSURANCE	547.45	50.85	598.30	1,360.88	126.02	1,486.90
*	NETWORK HEALTH NORTHEAST	547.45	69.35	616.80	1,360.88	172.32	1,533.20
	PHYSICIANS PLUS	547.45	33.15	580.60	1,360.88	81.82	1,442.70
*	UNITEDHEALTHCARE OF WISCONSIN	547.45	188.85	736.30	1,360.88	471.02	1,831.90
*	UNITY HEALTH INSURANCE - COMMUNITY	547.45	3.35	550.80	1,360.88	7.32	1,368.20
	WEA TRUST - EAST	547.45	116.15	663.60	1,360.88	289.32	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	547.45	447.25	994.70	1,360.88	1,120.82	2,481.70
MENOMINEE							
*	WEA TRUST - EAST	600.25	63.35	663.60	1,494.59	155.61	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	600.25	394.45	994.70	1,494.59	987.11	2,481.70
	STATE MAINTENANCE PLAN	600.25	81.85	682.10	1,494.59	203.81	1,698.40
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	639.83	7.47	647.30	1,591.79	17.61	1,609.40
	ARISE HEALTH PLAN	639.83	221.27	861.10	1,591.79	552.11	2,143.90
3	HUMANA - EASTERN	639.83	326.67	966.50	1,591.79	815.61	2,407.40
* ^	NETWORK HEALTH SOUTHEAST	639.83	18.57	658.40	1,591.79	45.41	1,637.20
	UNITEDHEALTHCARE OF WISCONSIN	639.83	96.47	736.30	1,591.79	240.11	1,831.90
	WEA TRUST - EAST	639.83	23.77	663.60	1,591.79	58.41	1,650.20
3	STANDARD PLAN - MILWAUKEE	639.83	436.17	1,076.00	1,591.79	1,093.11	2,684.90
MONROE							
	GUNDERSEN HEALTH PLAN	575.78	76.82	652.60	1,431.70	191.00	1,622.70
	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
	HEALTHPARTNERS HEALTH PLAN	575.78	163.92	739.70	1,431.70	408.70	1,840.40
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	575.78	270.22	846.00	1,431.70	674.50	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	575.78	418.92	994.70	1,431.70	1,050.00	2,481.70
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	580.76	280.34	861.10	1,444.15	699.75	2,143.90
	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
3	HUMANA - EASTERN	580.76	385.74	966.50	1,444.15	963.25	2,407.40
	NETWORK HEALTH NORTHEAST	580.76	36.04	616.80	1,444.15	89.05	1,533.20
*	UNITEDHEALTHCARE OF WISCONSIN	580.76	155.54	736.30	1,444.15	387.75	1,831.90
	WEA TRUST - EAST	580.76	82.84	663.60	1,444.15	206.05	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	580.76	413.94	994.70	1,444.15	1,037.55	2,481.70
ONEIDA							
*	ARISE ASPIRUS	650.94	172.16	823.10	1,619.55	429.35	2,048.90
3	GHC OF EAU CLAIRE	650.94	182.66	833.60	1,619.55	455.65	2,075.20
	HEALTHPARTNERS HEALTH PLAN	650.94	88.76	739.70	1,619.55	220.85	1,840.40
3	SECURITY HEALTH PLAN	650.94	211.66	862.60	1,619.55	528.15	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	650.94	343.76	994.70	1,619.55	862.15	2,481.70

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88% of the Tier 1 Qualified Plans' Average Premium

		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	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	608.48	252.62	861.10	1,513.44	630.46	2,143.90
*	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
3	HUMANA - EASTERN	608.48	358.02	966.50	1,513.44	893.96	2,407.40
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,513.44	19.76	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,513.44	318.46	1,831.90
	WEA TRUST - EAST	608.48	55.12	663.60	1,513.44	136.76	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,513.44	968.26	2,481.70
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	639.83	7.47	647.30	1,591.79	17.61	1,609.40
	ARISE HEALTH PLAN	639.83	221.27	861.10	1,591.79	552.11	2,143.90
3	HUMANA - EASTERN	639.83	326.67	966.50	1,591.79	815.61	2,407.40
* ^	NETWORK HEALTH SOUTHEAST	639.83	18.57	658.40	1,591.79	45.41	1,637.20
	UNITEDHEALTHCARE OF WISCONSIN	639.83	96.47	736.30	1,591.79	240.11	1,831.90
	WEA TRUST - EAST	639.83	23.77	663.60	1,591.79	58.41	1,650.20
3	STANDARD PLAN - WAUKESHA	639.83	354.87	994.70	1,591.79	889.91	2,481.70
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	600.25	139.45	739.70	1,494.59	345.81	1,840.40
3 *	SECURITY HEALTH PLAN	600.25	262.35	862.60	1,494.59	653.11	2,147.70
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	600.25	245.75	846.00	1,494.59	611.61	2,106.20
3	STANDARD PLAN - WAUKESHA	600.25	394.45	994.70	1,494.59	987.11	2,481.70
	STATE MAINTENANCE PLAN	600.25	81.85	682.10	1,494.59	203.81	1,698.40
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	697.71	41.99	739.70	1,736.50	103.90	1,840.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	697.71	148.29	846.00	1,736.50	369.70	2,106.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	697.71	148.29	846.00	1,736.50	369.70	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	697.71	296.99	994.70	1,736.50	745.20	2,481.70
POLK							
	HEALTHPARTNERS HEALTH PLAN	697.71	41.99	739.70	1,736.50	103.90	1,840.40
3	HUMANA - WESTERN	697.71	313.29	1,011.00	1,736.50	782.20	2,518.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	697.71	148.29	846.00	1,736.50	369.70	2,106.20
3	STANDARD PLAN - DANE	697.71	224.59	922.30	1,736.50	564.20	2,300.70
PORTAGE							
*	ARISE ASPIRUS	617.45	205.65	823.10	1,535.86	513.04	2,048.90
	HEALTHPARTNERS HEALTH PLAN	617.45	122.25	739.70	1,535.86	304.54	1,840.40
3	SECURITY HEALTH PLAN	617.45	245.15	862.60	1,535.86	611.84	2,147.70
	WEA TRUST - EAST	617.45	46.15	663.60	1,535.86	114.34	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	617.45	377.25	994.70	1,535.86	945.84	2,481.70
PRICE							
3	GHC OF EAU CLAIRE	600.25	233.35	833.60	1,494.59	580.61	2,075.20
*	HEALTHPARTNERS HEALTH PLAN	600.25	139.45	739.70	1,494.59	345.81	1,840.40
3 *	SECURITY HEALTH PLAN	600.25	262.35	862.60	1,494.59	653.11	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	600.25	394.45	994.70	1,494.59	987.11	2,481.70
	STATE MAINTENANCE PLAN	600.25	81.85	682.10	1,494.59	203.81	1,698.40

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		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
RACINE							
	ANTHEM BLUE PREFERRED SOUTHEAST	608.78	38.52	647.30	1,514.17	95.23	1,609.40
*	ARISE HEALTH PLAN	608.78	252.32	861.10	1,514.17	629.73	2,143.90
3	HUMANA - EASTERN	608.78	357.72	966.50	1,514.17	893.23	2,407.40
* ^	NETWORK HEALTH SOUTHEAST	608.78	49.62	658.40	1,514.17	123.03	1,637.20
	UNITEDHEALTHCARE OF WISCONSIN	608.78	127.52	736.30	1,514.17	317.73	1,831.90
3	STANDARD PLAN - WAUKESHA	608.78	385.92	994.70	1,514.17	967.53	2,481.70
RICHLAND							
	DEAN HEALTH INSURANCE	519.71	78.59	598.30	1,291.52	195.38	1,486.90
	GUNDERSEN HEALTH PLAN	519.71	132.89	652.60	1,291.52	331.18	1,622.70
	HEALTH TRADITION HEALTH PLAN	519.71	50.89	570.60	1,291.52	126.18	1,417.70
	PHYSICIANS PLUS	519.71	60.89	580.60	1,291.52	151.18	1,442.70
	UNITY HEALTH INSURANCE - COMMUNITY	519.71	31.09	550.80	1,291.52	76.68	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	519.71	474.99	994.70	1,291.52	1,190.18	2,481.70
ROCK							
	ANTHEM BLUE PREFERRED SOUTHEAST	551.54	95.76	647.30	1,371.08	238.32	1,609.40
	DEAN HEALTH INSURANCE	551.54	46.76	598.30	1,371.08	115.82	1,486.90
3 *	HUMANA - EASTERN	551.54	414.96	966.50	1,371.08	1,036.32	2,407.40
	MERCYCARE HEALTH PLANS	551.54	12.66	564.20	1,371.08	30.62	1,401.70
*	PHYSICIANS PLUS	551.54	29.06	580.60	1,371.08	71.62	1,442.70
	UNITEDHEALTHCARE OF WISCONSIN	551.54	184.76	736.30	1,371.08	460.82	1,831.90
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
	WEA TRUST - EAST	551.54	112.06	663.60	1,371.08	279.12	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	551.54	443.16	994.70	1,371.08	1,110.62	2,481.70
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
3	SECURITY HEALTH PLAN	744.48	118.12	862.60	1,853.46	294.24	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	744.48	101.52	846.00	1,853.46	252.74	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	744.48	250.22	994.70	1,853.46	628.24	2,481.70
SAUK							
	DEAN HEALTH INSURANCE	511.41	86.89	598.30	1,270.78	216.12	1,486.90
	GHC OF SOUTH CENTRAL WISCONSIN	511.41	22.59	534.00	1,270.78	55.42	1,326.20
	GUNDERSEN HEALTH PLAN	511.41	141.19	652.60	1,270.78	351.92	1,622.70
	HEALTH TRADITION HEALTH PLAN	511.41	59.19	570.60	1,270.78	146.92	1,417.70
	PHYSICIANS PLUS	511.41	69.19	580.60	1,270.78	171.92	1,442.70
	UNITY HEALTH INSURANCE - COMMUNITY	511.41	39.39	550.80	1,270.78	97.42	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	511.41	483.29	994.70	1,270.78	1,210.92	2,481.70
SAWYER							
3	GHC OF EAU CLAIRE	650.94	182.66	833.60	1,619.55	455.65	2,075.20
	HEALTHPARTNERS HEALTH PLAN	650.94	88.76	739.70	1,619.55	220.85	1,840.40
3	SECURITY HEALTH PLAN	650.94	211.66	862.60	1,619.55	528.15	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	650.94	343.76	994.70	1,619.55	862.15	2,481.70

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		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	608.48	252.62	861.10	1,513.44	630.46	2,143.90
3 *	HUMANA - EASTERN	608.48	358.02	966.50	1,513.44	893.96	2,407.40
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,513.44	19.76	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,513.44	318.46	1,831.90
	WEA TRUST - EAST	608.48	55.12	663.60	1,513.44	136.76	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,513.44	968.26	2,481.70
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	591.96	269.14	861.10	1,472.14	671.76	2,143.90
	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
3	HUMANA - EASTERN	591.96	374.54	966.50	1,472.14	935.26	2,407.40
	NETWORK HEALTH NORTHEAST	591.96	24.84	616.80	1,472.14	61.06	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	591.96	144.34	736.30	1,472.14	359.76	1,831.90
	WEA TRUST - EAST	591.96	71.64	663.60	1,472.14	178.06	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	591.96	402.74	994.70	1,472.14	1,009.56	2,481.70
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	697.71	41.99	739.70	1,736.50	103.90	1,840.40
3	HUMANA - WESTERN	697.71	313.29	1,011.00	1,736.50	782.20	2,518.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	697.71	148.29	846.00	1,736.50	369.70	2,106.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	697.71	148.29	846.00	1,736.50	369.70	2,106.20
3	STANDARD PLAN - DANE	697.71	224.59	922.30	1,736.50	564.20	2,300.70
TAYLOR							
	ARISE ASPIRUS	724.33	98.77	823.10	1,803.03	245.87	2,048.90
3	GHC OF EAU CLAIRE	724.33	109.27	833.60	1,803.03	272.17	2,075.20
*	HEALTHPARTNERS HEALTH PLAN	724.33	15.37	739.70	1,803.03	37.37	1,840.40
3	SECURITY HEALTH PLAN	724.33	138.27	862.60	1,803.03	344.67	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	724.33	270.37	994.70	1,803.03	678.67	2,481.70
TREMPEALEAU							
	GUNDERSEN HEALTH PLAN	652.60	-	652.60	1,622.70	-	1,622.70
*	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
*	HEALTHPARTNERS HEALTH PLAN	659.38	80.32	739.70	1,640.72	199.68	1,840.40
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	659.38	186.62	846.00	1,640.72	465.48	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	659.38	335.32	994.70	1,640.72	840.98	2,481.70
VERNON							
*	DEAN HEALTH INSURANCE	553.01	45.29	598.30	1,374.78	112.12	1,486.90
	GUNDERSEN HEALTH PLAN	553.01	99.59	652.60	1,374.78	247.92	1,622.70
	HEALTH TRADITION HEALTH PLAN	553.01	17.59	570.60	1,374.78	42.92	1,417.70
	HEALTHPARTNERS HEALTH PLAN	553.01	186.69	739.70	1,374.78	465.62	1,840.40
*	PHYSICIANS PLUS	553.01	27.59	580.60	1,374.78	67.92	1,442.70
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	553.01	441.69	994.70	1,374.78	1,106.92	2,481.70

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local HDHP; No Dental - P17

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
VILAS							
*	ARISE ASPIRUS	600.25	222.85	823.10	1,494.59	554.31	2,048.90
3 *	GHC OF EAU CLAIRE	600.25	233.35	833.60	1,494.59	580.61	2,075.20
*	HEALTHPARTNERS HEALTH PLAN	600.25	139.45	739.70	1,494.59	345.81	1,840.40
3 *	SECURITY HEALTH PLAN	600.25	262.35	862.60	1,494.59	653.11	2,147.70
3 *	STANDARD PLAN - BALANCE OF STATE	600.25	394.45	994.70	1,494.59	987.11	2,481.70
	STATE MAINTENANCE PLAN	600.25	81.85	682.10	1,494.59	203.81	1,698.40
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	590.08	57.22	647.30	1,467.44	141.96	1,609.40
	ARISE HEALTH PLAN	590.08	271.02	861.10	1,467.44	676.46	2,143.90
*	DEAN HEALTH INSURANCE	590.08	8.22	598.30	1,467.44	19.46	1,486.90
3	HUMANA - EASTERN	590.08	376.42	966.50	1,467.44	939.96	2,407.40
	MERCYCARE HEALTH PLANS	564.20	-	564.20	1,401.70	-	1,401.70
*	PHYSICIANS PLUS	580.60	-	580.60	1,442.70	-	1,442.70
	UNITEDHEALTHCARE OF WISCONSIN	590.08	146.22	736.30	1,467.44	364.46	1,831.90
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
	WEA TRUST - EAST	590.08	73.52	663.60	1,467.44	182.76	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	590.08	404.62	994.70	1,467.44	1,014.26	2,481.70
WASHBURN							
3	GHC OF EAU CLAIRE	697.71	135.89	833.60	1,736.50	338.70	2,075.20
	HEALTHPARTNERS HEALTH PLAN	697.71	41.99	739.70	1,736.50	103.90	1,840.40
3	SECURITY HEALTH PLAN	697.71	164.89	862.60	1,736.50	411.20	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	697.71	148.29	846.00	1,736.50	369.70	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	697.71	296.99	994.70	1,736.50	745.20	2,481.70
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	639.83	7.47	647.30	1,591.79	17.61	1,609.40
	ARISE HEALTH PLAN	639.83	221.27	861.10	1,591.79	552.11	2,143.90
3	HUMANA - EASTERN	639.83	326.67	966.50	1,591.79	815.61	2,407.40
* ^	NETWORK HEALTH SOUTHEAST	639.83	18.57	658.40	1,591.79	45.41	1,637.20
	UNITEDHEALTHCARE OF WISCONSIN	639.83	96.47	736.30	1,591.79	240.11	1,831.90
	WEA TRUST - EAST	639.83	23.77	663.60	1,591.79	58.41	1,650.20
3	STANDARD PLAN - WAUKESHA	639.83	354.87	994.70	1,591.79	889.91	2,481.70
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	595.09	52.21	647.30	1,479.94	129.46	1,609.40
	ARISE HEALTH PLAN	595.09	266.01	861.10	1,479.94	663.96	2,143.90
	DEAN HEALTH INSURANCE	595.09	3.21	598.30	1,479.94	6.96	1,486.90
3	HUMANA - EASTERN	595.09	371.41	966.50	1,479.94	927.46	2,407.40
* ^	NETWORK HEALTH SOUTHEAST	595.09	63.31	658.40	1,479.94	157.26	1,637.20
*	PHYSICIANS PLUS	580.60	-	580.60	1,442.70	-	1,442.70
	UNITEDHEALTHCARE OF WISCONSIN	595.09	141.21	736.30	1,479.94	351.96	1,831.90
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
	WEA TRUST - EAST	595.09	68.51	663.60	1,479.94	170.26	1,650.20
3	STANDARD PLAN - WAUKESHA	595.09	399.61	994.70	1,479.94	1,001.76	2,481.70

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IYC Local HDHP; No Dental - P17

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	608.48	252.62	861.10	1,513.44	630.46	2,143.90
3	HUMANA - EASTERN	608.48	358.02	966.50	1,513.44	893.96	2,407.40
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,513.44	19.76	1,533.20
3	SECURITY HEALTH PLAN	608.48	254.12	862.60	1,513.44	634.26	2,147.70
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,513.44	318.46	1,831.90
	WEA TRUST - EAST	608.48	55.12	663.60	1,513.44	136.76	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,513.44	968.26	2,481.70
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	559.12	20.38	579.50	1,390.03	49.87	1,439.90
*	ARISE HEALTH PLAN	559.12	301.98	861.10	1,390.03	753.87	2,143.90
3	HUMANA - EASTERN	559.12	407.38	966.50	1,390.03	1,017.37	2,407.40
	NETWORK HEALTH NORTHEAST	559.12	57.68	616.80	1,390.03	143.17	1,533.20
	PHYSICIANS PLUS	559.12	21.48	580.60	1,390.03	52.67	1,442.70
3	SECURITY HEALTH PLAN	559.12	303.48	862.60	1,390.03	757.67	2,147.70
	UNITEDHEALTHCARE OF WISCONSIN	559.12	177.18	736.30	1,390.03	441.87	1,831.90
	WEA TRUST - EAST	559.12	104.48	663.60	1,390.03	260.17	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	559.12	435.58	994.70	1,390.03	1,091.67	2,481.70
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	608.48	252.62	861.10	1,513.44	630.46	2,143.90
3	HUMANA - EASTERN	608.48	358.02	966.50	1,513.44	893.96	2,407.40
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,513.44	19.76	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,513.44	318.46	1,831.90
	WEA TRUST - EAST	608.48	55.12	663.60	1,513.44	136.76	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,513.44	968.26	2,481.70
WOOD							
	ARISE ASPIRUS	654.15	168.95	823.10	1,627.60	421.30	2,048.90
*	HEALTHPARTNERS HEALTH PLAN	654.15	85.55	739.70	1,627.60	212.80	1,840.40
*	PHYSICIANS PLUS	580.60	-	580.60	1,442.70	-	1,442.70
3	SECURITY HEALTH PLAN	654.15	208.45	862.60	1,627.60	520.10	2,147.70
*	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
	WEA TRUST - EAST	654.15	9.45	663.60	1,627.60	22.60	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	654.15	340.55	994.70	1,627.60	854.10	2,481.70