2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

IYC Local Traditional w/Dental Option - P02

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	740.15	23.45	763.60	1,841.07	59.03	1,900.10
		PHYSICIANS PLUS	740.15	1.55	741.70	1,841.07	4.33	1,845.40
	3	SECURITY HEALTH PLAN	740.15	349.75	1,089.90	1,841.07	874.83	2,715.90
		UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
		WEA TRUST - EAST	740.15	104.05	844.20	1,841.07	260.53	2,101.60
	3	STANDARD PLAN - BALANCE OF STATE	740.15	505.45	1,245.60	1,841.07	1,266.63	3,107.70
ASHLAND								
	3	GHC OF EAU CLAIRE	985.01	69.09	1,054.10	2,453.22	173.18	2,626.40
		HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
	3	SECURITY HEALTH PLAN	985.01	104.89	1,089.90	2,453.22	262.68	2,715.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	985.01	84.39	1,069.40	2,453.22	211.38	2,664.60
	3	STANDARD PLAN - BALANCE OF STATE	985.01	260.59	1,245.60	2,453.22	654.48	3,107.70
BARRON								
		HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
	3	HUMANA - WESTERN	985.01	287.99	1,273.00	2,453.22	720.38	3,173.60
	3	SECURITY HEALTH PLAN	985.01	104.89	1,089.90	2,453.22	262.68	2,715.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	985.01	84.39	1,069.40	2,453.22	211.38	2,664.60
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	985.01	84.39	1,069.40	2,453.22	211.38	2,664.60
	3	STANDARD PLAN - BALANCE OF STATE	985.01	260.59	1,245.60	2,453.22	654.48	3,107.70
BAYFIELD								
	3 *	GHC OF EAU CLAIRE	878.96	175.14	1,054.10	2,190.09	436.31	2,626.40
	3 *	SECURITY HEALTH PLAN	878.96	210.94	1,089.90	2,190.09	525.81	2,715.90
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	878.96	190.44	1,069.40	2,190.09	474.51	2,664.60
	3	STANDARD PLAN - BALANCE OF STATE	878.96	366.64	1,245.60	2,190.09	917.61	3,107.70
		STATE MAINTENANCE PLAN	837.10	-	837.10	2,085.80	-	2,085.80
BROWN								
		ANTHEM BLUE PREFERRED NORTHEAST	740.30	-	740.30	1,841.90	-	1,841.90
		ARISE HEALTH PLAN	776.48	311.52	1,088.00	1,931.90	779.20	2,711.10
		DEAN HEALTH INSURANCE - PREVEA360	739.50	-	739.50	1,839.90	-	1,839.90
	3	HUMANA - EASTERN	776.48	441.62	1,218.10	1,931.90	1,104.50	3,036.40
		NETWORK HEALTH NORTHEAST	776.48	9.92	786.40	1,931.90	25.20	1,957.10
		UNITEDHEALTHCARE OF WISCONSIN	776.48	157.42	933.90	1,931.90	394.00	2,325.90
		WEA TRUST - EAST	776.48	67.72	844.20	1,931.90	169.70	2,101.60
	3	STANDARD PLAN - BALANCE OF STATE	776.48	469.12	1,245.60	1,931.90	1,175.80	3,107.70
BUFFALO								
	*	HEALTH TRADITION HEALTH PLAN	729.40	-	729.40	1,814.60	-	1,814.60
	3	STANDARD PLAN - BALANCE OF STATE	878.96	366.64	1,245.60	2,190.09	917.61	3,107.70
		STATE MAINTENANCE PLAN	837.10	-	837.10	2,085.80	-	2,085.80
BURNETT								
	3	GHC OF EAU CLAIRE	985.01	69.09	1,054.10	2,453.22	173.18	2,626.40
		HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
	3	SECURITY HEALTH PLAN	985.01	104.89	1,089.90	2,453.22	262.68	2,715.90
	3	STANDARD PLAN - BALANCE OF STATE	985.01	260.59	1,245.60	2,453.22	654.48	3,107.70

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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
CALUMET								
		ANTHEM BLUE PREFERRED NORTHEAST	740.30	-	740.30	1,841.90	-	1,841.90
	*	ARISE HEALTH PLAN	777.32	310.68	1,088.00	1,934.00	777.10	2,711.10
	3 *	HUMANA - EASTERN	777.32	440.78	1,218.10	1,934.00	1,102.40	3,036.40
		NETWORK HEALTH NORTHEAST	777.32	9.08	786.40	1,934.00	23.10	1,957.10
		UNITEDHEALTHCARE OF WISCONSIN	777.32	156.58	933.90	1,934.00	391.90	2,325.90
	*	WEA TRUST - EAST	777.32	66.88	844.20	1,934.00	167.60	2,101.60
	3	STANDARD PLAN - BALANCE OF STATE	777.32	468.28	1,245.60	1,934.00	1,173.70	3,107.70
CHIPPEWA								
		GUNDERSEN HEALTH PLAN	830.60	-	830.60	2,067.60	-	2,067.60
		HEALTHPARTNERS HEALTH PLAN	872.13	65.97	938.10	2,170.98	165.42	2,336.40
	3	HUMANA - WESTERN	872.13	400.87	1,273.00	2,170.98	1,002.62	3,173.60
	3	SECURITY HEALTH PLAN	872.13	217.77	1,089.90	2,170.98	544.92	2,715.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	872.13	197.27	1,069.40	2,170.98	493.62	2,664.60
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	872.13	197.27	1,069.40	2,170.98	493.62	2,664.60
	3	STANDARD PLAN - BALANCE OF STATE	872.13	373.47	1,245.60	2,170.98	936.72	3,107.70
CLARK								
	*	ARISE ASPIRUS	872.13	168.97	1,041.10	2,170.98	422.92	2,593.90
	3	GHC OF EAU CLAIRE	872.13	181.97	1,054.10	2,170.98	455.42	2,626.40
		GUNDERSEN HEALTH PLAN	830.60	-	830.60	2,067.60	-	2,067.60
		HEALTHPARTNERS HEALTH PLAN	872.13	65.97	938.10	2,170.98	165.42	2,336.40
	3	SECURITY HEALTH PLAN	872.13	217.77	1,089.90	2,170.98	544.92	2,715.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	872.13	197.27	1,069.40	2,170.98	493.62	2,664.60
	3	STANDARD PLAN - BALANCE OF STATE	872.13	373.47	1,245.60	2,170.98	936.72	3,107.70
COLUMBIA								
		DEAN HEALTH INSURANCE	718.41	45.19	763.60	1,786.68	113.42	1,900.10
		GHC OF SOUTH CENTRAL WISCONSIN	684.20	-	684.20	1,701.60	-	1,701.60
		PHYSICIANS PLUS	718.41	23.29	741.70	1,786.68	58.72	1,845.40
		UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
		WEA TRUST - EAST	718.41	125.79	844.20	1,786.68	314.92	2,101.60
	3	STANDARD PLAN - BALANCE OF STATE	718.41	527.19	1,245.60	1,786.68	1,321.02	3,107.70
CRAWFORD								
		GUNDERSEN HEALTH PLAN	722.93	107.67	830.60	1,798.02	269.58	2,067.60
		HEALTH TRADITION HEALTH PLAN	722.93	6.47	729.40	1,798.02	16.58	1,814.60
		HEALTHPARTNERS HEALTH PLAN	722.93	215.17	938.10	1,798.02	538.38	2,336.40
		MEDICAL ASSOCIATES HEALTH PLANS	688.50	-	688.50	1,712.40	-	1,712.40
	*	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	722.93	346.47	1,069.40	1,798.02	866.58	2,664.60
	3	STANDARD PLAN - BALANCE OF STATE	722.93	522.67	1,245.60	1,798.02	1,309.68	3,107.70
DANE								
		DEAN HEALTH INSURANCE	678.83	84.77	763.60	1,687.77	212.33	1,900.10
		GHC OF SOUTH CENTRAL WISCONSIN	678.83	5.37	684.20	1,687.77	13.83	1,701.60
		PHYSICIANS PLUS	678.83	62.87	741.70	1,687.77	157.63	1,845.40
		UNITY HEALTH INSURANCE - UW HEALTH	646.50	-	646.50	1,607.40	-	1,607.40
		WEA TRUST - SOUTH CENTRAL	649.80	-	649.80	1,615.60	-	1,615.60
	3	STANDARD PLAN - DANE	678.83	477.47	1,156.30	1,687.77	1,196.73	2,884.50

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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
DODGE							
	ANTHEM BLUE PREFERRED SOUTHEAST	740.15	83.95	824.10	1,841.07	210.33	2,051.40
*	ARISE HEALTH PLAN	740.15	347.85	1,088.00	1,841.07	870.03	2,711.10
	DEAN HEALTH INSURANCE	740.15	23.45	763.60	1,841.07	59.03	1,900.10
3	HUMANA - EASTERN	740.15	477.95	1,218.10	1,841.07	1,195.33	3,036.40
	NETWORK HEALTH NORTHEAST	740.15	46.25	786.40	1,841.07	116.03	1,957.10
	PHYSICIANS PLUS	740.15	1.55	741.70	1,841.07	4.33	1,845.40
	UNITEDHEALTHCARE OF WISCONSIN	740.15	193.75	933.90	1,841.07	484.83	2,325.90
	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
	WEA TRUST - EAST	740.15	104.05	844.20	1,841.07	260.53	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	740.15	505.45	1,245.60	1,841.07	1,266.63	3,107.70
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	740.30	-	740.30	1,841.90	-	1,841.90
	ARISE HEALTH PLAN	777.32	310.68	1,088.00	1,934.00	777.10	2,711.10
*	DEAN HEALTH INSURANCE - PREVEA360	739.50	-	739.50	1,839.90	-	1,839.90
3	HUMANA - EASTERN	777.32	440.78	1,218.10	1,934.00	1,102.40	3,036.40
	NETWORK HEALTH NORTHEAST	777.32	9.08	786.40	1,934.00	23.10	1,957.10
	UNITEDHEALTHCARE OF WISCONSIN	777.32	156.58	933.90	1,934.00	391.90	2,325.90
	WEA TRUST - EAST	777.32	66.88	844.20	1,934.00	167.60	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	777.32	468.28	1,245.60	1,934.00	1,173.70	3,107.70
DOUGLAS							
3	GHC OF EAU CLAIRE	985.01	69.09	1,054.10	2,453.22	173.18	2,626.40
	HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
3	SECURITY HEALTH PLAN	985.01	104.89	1,089.90	2,453.22	262.68	2,715.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	985.01	84.39	1,069.40	2,453.22	211.38	2,664.60
3	STANDARD PLAN - BALANCE OF STATE	985.01	260.59	1,245.60	2,453.22	654.48	3,107.70
DUNN							
3	HUMANA - WESTERN	1,122.87	150.13	1,273.00	2,797.83	375.77	3,173.60
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	1,069.40	-	1,069.40	2,664.60	-	2,664.60
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	1,069.40	-	1,069.40	2,664.60	-	2,664.60
3	STANDARD PLAN - BALANCE OF STATE	1,122.87	122.73	1,245.60	2,797.83	309.87	3,107.70
EAU CLAIRE							
	GUNDERSEN HEALTH PLAN	830.60	-	830.60	2,067.60	-	2,067.60
	HEALTHPARTNERS HEALTH PLAN	872.13	65.97	938.10	2,170.98	165.42	2,336.40
3	HUMANA - WESTERN	872.13	400.87	1,273.00	2,170.98	1,002.62	3,173.60
3	SECURITY HEALTH PLAN	872.13	217.77	1,089.90	2,170.98	544.92	2,715.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	872.13	197.27	1,069.40	2,170.98	493.62	2,664.60
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	872.13	197.27	1,069.40	2,170.98	493.62	2,664.60
3	STANDARD PLAN - BALANCE OF STATE	872.13	373.47	1,245.60	2,170.98	936.72	3,107.70
FLORENCE							
*	ARISE ASPIRUS	878.96	162.14	1,041.10	2,190.09	403.81	2,593.90
3	STANDARD PLAN - BALANCE OF STATE	878.96	366.64	1,245.60	2,190.09	917.61	3,107.70
	STATE MAINTENANCE PLAN	837.10	-	837.10	2,085.80	-	2,085.80

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IYC Local Traditional w/Dental Option - P02

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
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	740.15	0.15	740.30	1,841.07	0.83	1,841.90
	ARISE HEALTH PLAN	740.15	347.85	1,088.00	1,841.07	870.03	2,711.10
	DEAN HEALTH INSURANCE	740.15	23.45	763.60	1,841.07	59.03	1,900.10
3	HUMANA - EASTERN	740.15	477.95	1,218.10	1,841.07	1,195.33	3,036.40
	NETWORK HEALTH NORTHEAST	740.15	46.25	786.40	1,841.07	116.03	1,957.10
	UNITEDHEALTHCARE OF WISCONSIN	740.15	193.75	933.90	1,841.07	484.83	2,325.90
	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
3	STANDARD PLAN - BALANCE OF STATE	740.15	505.45	1,245.60	1,841.07	1,266.63	3,107.70
FOREST							
*	ARISE ASPIRUS	878.96	162.14	1,041.10	2,190.09	403.81	2,593.90
3	SECURITY HEALTH PLAN	878.96	210.94	1,089.90	2,190.09	525.81	2,715.90
3	STANDARD PLAN - BALANCE OF STATE	878.96	366.64	1,245.60	2,190.09	917.61	3,107.70
	STATE MAINTENANCE PLAN	837.10	-	837.10	2,085.80	-	2,085.80
GRANT							
	DEAN HEALTH INSURANCE	722.93	40.67	763.60	1,798.02	102.08	1,900.10
	GUNDERSEN HEALTH PLAN	722.93	107.67	830.60	1,798.02	269.58	2,067.60
*	HEALTH TRADITION HEALTH PLAN	722.93	6.47	729.40	1,798.02	16.58	1,814.60
*	HEALTHPARTNERS HEALTH PLAN	722.93	215.17	938.10	1,798.02	538.38	2,336.40
	MEDICAL ASSOCIATES HEALTH PLANS	688.50	-	688.50	1,712.40	-	1,712.40
	PHYSICIANS PLUS	722.93	18.77	741.70	1,798.02	47.38	1,845.40
	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
3	STANDARD PLAN - DANE	722.93	433.37	1,156.30	1,798.02	1,086.48	2,884.50
GREEN							
	DEAN HEALTH INSURANCE	740.15	23.45	763.60	1,841.07	59.03	1,900.10
*	MERCYCARE HEALTH PLANS	721.50	-	721.50	1,794.90	-	1,794.90
	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
3	STANDARD PLAN - BALANCE OF STATE	740.15	505.45	1,245.60	1,841.07	1,266.63	3,107.70
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	740.30	-	740.30	1,841.90	-	1,841.90
*	ARISE HEALTH PLAN	777.32	310.68	1,088.00	1,934.00	777.10	2,711.10
*	DEAN HEALTH INSURANCE	763.60	-	763.60	1,900.10	-	1,900.10
3	HUMANA - EASTERN	777.32	440.78	1,218.10	1,934.00	1,102.40	3,036.40
	NETWORK HEALTH NORTHEAST	777.32	9.08	786.40	1,934.00	23.10	1,957.10
*	PHYSICIANS PLUS	741.70	-	741.70	1,845.40	-	1,845.40
	UNITEDHEALTHCARE OF WISCONSIN	777.32	156.58	933.90	1,934.00	391.90	2,325.90
	WEA TRUST - EAST	777.32	66.88	844.20	1,934.00	167.60	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	777.32	468.28	1,245.60	1,934.00	1,173.70	3,107.70
IOWA							
	DEAN HEALTH INSURANCE	722.93	40.67	763.60	1,798.02	102.08	1,900.10
	MEDICAL ASSOCIATES HEALTH PLANS	688.50	-	688.50	1,712.40	-	1,712.40
	PHYSICIANS PLUS	722.93	18.77	741.70	1,798.02	47.38	1,845.40
	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
3	STANDARD PLAN - BALANCE OF STATE	722.93	522.67	1,245.60	1,798.02	1,309.68	3,107.70

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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	878.96	175.14	1,054.10	2,190.09	436.31	2,626.40
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	878.96	190.44	1,069.40	2,190.09	474.51	2,664.60
	3	STANDARD PLAN - BALANCE OF STATE	878.96	366.64	1,245.60	2,190.09	917.61	3,107.70
		STATE MAINTENANCE PLAN	837.10	-	837.10	2,085.80	-	2,085.80
JACKSON								
		GUNDERSEN HEALTH PLAN	765.87	64.73	830.60	1,905.33	162.27	2,067.60
		HEALTH TRADITION HEALTH PLAN	729.40	-	729.40	1,814.60	-	1,814.60
		HEALTHPARTNERS HEALTH PLAN	765.87	172.23	938.10	1,905.33	431.07	2,336.40
	3	SECURITY HEALTH PLAN	765.87	324.03	1,089.90	1,905.33	810.57	2,715.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	765.87	303.53	1,069.40	1,905.33	759.27	2,664.60
	3	STANDARD PLAN - BALANCE OF STATE	765.87	479.73	1,245.60	1,905.33	1,202.37	3,107.70
JEFFERSON								
		ANTHEM BLUE PREFERRED SOUTHEAST	740.15	83.95	824.10	1,841.07	210.33	2,051.40
		DEAN HEALTH INSURANCE	740.15	23.45	763.60	1,841.07	59.03	1,900.10
	3	HUMANA - EASTERN	740.15	477.95	1,218.10	1,841.07	1,195.33	3,036.40
		MERCYCARE HEALTH PLANS	721.50	-	721.50	1,794.90	-	1,794.90
		PHYSICIANS PLUS	740.15	1.55	741.70	1,841.07	4.33	1,845.40
		UNITEDHEALTHCARE OF WISCONSIN	740.15	193.75	933.90	1,841.07	484.83	2,325.90
		UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
	3	STANDARD PLAN - DANE	740.15	416.15	1,156.30	1,841.07	1,043.43	2,884.50
JUNEAU								
	*	ARISE ASPIRUS	740.15	300.95	1,041.10	1,841.07	752.83	2,593.90
	*	DEAN HEALTH INSURANCE	740.15	23.45	763.60	1,841.07	59.03	1,900.10
		GUNDERSEN HEALTH PLAN	740.15	90.45	830.60	1,841.07	226.53	2,067.60
		HEALTH TRADITION HEALTH PLAN	729.40	-	729.40	1,814.60	-	1,814.60
		PHYSICIANS PLUS	740.15	1.55	741.70	1,841.07	4.33	1,845.40
		SECURITY HEALTH PLAN	740.15	349.75	1,089.90	1,841.07	874.83	2,715.90
		UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
		WEA TRUST - EAST	740.15	104.05	844.20	1,841.07	260.53	2,101.60
	3	STANDARD PLAN - BALANCE OF STATE	740.15	505.45	1,245.60	1,841.07	1,266.63	3,107.70
KENOSHA								
		ANTHEM BLUE PREFERRED SOUTHEAST	824.10	-	824.10	2,051.40	-	2,051.40
		ARISE HEALTH PLAN	865.31	222.69	1,088.00	2,153.97	557.13	2,711.10
	3	HUMANA - EASTERN	865.31	352.79	1,218.10	2,153.97	882.43	3,036.40
		UNITEDHEALTHCARE OF WISCONSIN	865.31	68.59	933.90	2,153.97	171.93	2,325.90
	3	STANDARD PLAN - WAUKESHA	865.31	380.29	1,245.60	2,153.97	953.73	3,107.70
KEWAUNEE								
		ANTHEM BLUE PREFERRED NORTHEAST	740.30	-	740.30	1,841.90	-	1,841.90
		ARISE HEALTH PLAN	777.32	310.68	1,088.00	1,934.00	777.10	2,711.10
	*	DEAN HEALTH INSURANCE - PREVEA360	739.50	-	739.50	1,839.90	-	1,839.90
		NETWORK HEALTH NORTHEAST	777.32	9.08	786.40	1,934.00	23.10	1,957.10
		UNITEDHEALTHCARE OF WISCONSIN	777.32	156.58	933.90	1,934.00	391.90	2,325.90
		WEA TRUST - EAST	777.32	66.88	844.20	1,934.00	167.60	2,101.60
	3	STANDARD PLAN - BALANCE OF STATE	777.32	468.28	1,245.60	1,934.00	1,173.70	3,107.70

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP
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IYC Local Traditional w/Dental Option - P02

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
LACROSSE							
	GUNDERSEN HEALTH PLAN	765.87	64.73	830.60	1,905.33	162.27	2,067.60
	HEALTH TRADITION HEALTH PLAN	729.40	-	729.40	1,814.60	-	1,814.60
	HEALTHPARTNERS HEALTH PLAN	765.87	172.23	938.10	1,905.33	431.07	2,336.40
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	765.87	303.53	1,069.40	1,905.33	759.27	2,664.60
3	STANDARD PLAN - DANE	765.87	390.43	1,156.30	1,905.33	979.17	2,884.50
LAFAYETTE							
*	DEAN HEALTH INSURANCE	722.93	40.67	763.60	1,798.02	102.08	1,900.10
	MEDICAL ASSOCIATES HEALTH PLANS	688.50	-	688.50	1,712.40	-	1,712.40
	PHYSICIANS PLUS	722.93	18.77	741.70	1,798.02	47.38	1,845.40
*	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
3	STANDARD PLAN - BALANCE OF STATE	722.93	522.67	1,245.60	1,798.02	1,309.68	3,107.70
LANGLADE							
	ARISE ASPIRUS	1,041.10	-	1,041.10	2,593.90	-	2,593.90
3	GHC OF EAU CLAIRE	1,054.10	-	1,054.10	2,626.40	-	2,626.40
*	HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
3	SECURITY HEALTH PLAN	1,089.90	-	1,089.90	2,715.90	-	2,715.90
3	STANDARD PLAN - BALANCE OF STATE	1,093.16	152.44	1,245.60	2,723.60	384.10	3,107.70
LINCOLN							
*	ARISE ASPIRUS	985.01	56.09	1,041.10	2,453.22	140.68	2,593.90
3	GHC OF EAU CLAIRE	985.01	69.09	1,054.10	2,453.22	173.18	2,626.40
	HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
3	SECURITY HEALTH PLAN	985.01	104.89	1,089.90	2,453.22	262.68	2,715.90
3	STANDARD PLAN - BALANCE OF STATE	985.01	260.59	1,245.60	2,453.22	654.48	3,107.70
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	740.30	-	740.30	1,841.90	-	1,841.90
	ARISE HEALTH PLAN	776.48	311.52	1,088.00	1,931.90	779.20	2,711.10
	DEAN HEALTH INSURANCE - PREVEA360	739.50	-	739.50	1,839.90	-	1,839.90
3	HUMANA - EASTERN	776.48	441.62	1,218.10	1,931.90	1,104.50	3,036.40
	NETWORK HEALTH NORTHEAST	776.48	9.92	786.40	1,931.90	25.20	1,957.10
	UNITEDHEALTHCARE OF WISCONSIN	776.48	157.42	933.90	1,931.90	394.00	2,325.90
	WEA TRUST - EAST	776.48	67.72	844.20	1,931.90	169.70	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	776.48	469.12	1,245.60	1,931.90	1,175.80	3,107.70
MARATHON							
	ARISE ASPIRUS	886.41	154.69	1,041.10	2,206.68	387.22	2,593.90
3	GHC OF EAU CLAIRE	886.41	167.69	1,054.10	2,206.68	419.72	2,626.40
	HEALTHPARTNERS HEALTH PLAN	886.41	51.69	938.10	2,206.68	129.72	2,336.40
3	SECURITY HEALTH PLAN	886.41	203.49	1,089.90	2,206.68	509.22	2,715.90
	WEA TRUST - EAST	844.20	-	844.20	2,101.60	-	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	886.41	359.19	1,245.60	2,206.68	901.02	3,107.70
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	740.30	-	740.30	1,841.90	-	1,841.90
	ARISE HEALTH PLAN	777.32	310.68	1,088.00	1,934.00	777.10	2,711.10
*	DEAN HEALTH INSURANCE - PREVEA360	739.50	-	739.50	1,839.90	-	1,839.90
3	HUMANA - EASTERN	777.32	440.78	1,218.10	1,934.00	1,102.40	3,036.40
	UNITEDHEALTHCARE OF WISCONSIN	777.32	156.58	933.90	1,934.00	391.90	2,325.90
3	STANDARD PLAN - BALANCE OF STATE	777.32	468.28	1,245.60	1,934.00	1,173.70	3,107.70

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IYC Local Traditional w/Dental Option - P02

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
MARQUETTE							
*	DEAN HEALTH INSURANCE	763.60	-	763.60	1,900.10	-	1,900.10
*	NETWORK HEALTH NORTHEAST	778.79	7.61	786.40	1,937.67	19.43	1,957.10
	PHYSICIANS PLUS	741.70	-	741.70	1,845.40	-	1,845.40
*	UNITEDHEALTHCARE OF WISCONSIN	778.79	155.11	933.90	1,937.67	388.23	2,325.90
*	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
	WEA TRUST - EAST	778.79	65.41	844.20	1,937.67	163.93	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	778.79	466.81	1,245.60	1,937.67	1,170.03	3,107.70
MENOMINEE							
*	WEA TRUST - EAST	844.20	-	844.20	2,101.60	-	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	878.96	366.64	1,245.60	2,190.09	917.61	3,107.70
	STATE MAINTENANCE PLAN	837.10	-	837.10	2,085.80	-	2,085.80
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	824.10	-	824.10	2,051.40	-	2,051.40
	ARISE HEALTH PLAN	865.31	222.69	1,088.00	2,153.97	557.13	2,711.10
3	HUMANA - EASTERN	865.31	352.79	1,218.10	2,153.97	882.43	3,036.40
* ^	NETWORK HEALTH SOUTHEAST	837.70	-	837.70	2,085.40	-	2,085.40
	UNITEDHEALTHCARE OF WISCONSIN	865.31	68.59	933.90	2,153.97	171.93	2,325.90
	WEA TRUST - EAST	844.20	-	844.20	2,101.60	-	2,101.60
3	STANDARD PLAN - MILWAUKEE	865.31	480.69	1,346.00	2,153.97	1,204.73	3,358.70
MONROE							
	GUNDERSEN HEALTH PLAN	765.87	64.73	830.60	1,905.33	162.27	2,067.60
	HEALTH TRADITION HEALTH PLAN	729.40	-	729.40	1,814.60	-	1,814.60
	HEALTHPARTNERS HEALTH PLAN	765.87	172.23	938.10	1,905.33	431.07	2,336.40
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	765.87	303.53	1,069.40	1,905.33	759.27	2,664.60
3	STANDARD PLAN - BALANCE OF STATE	765.87	479.73	1,245.60	1,905.33	1,202.37	3,107.70
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	740.30	-	740.30	1,841.90	-	1,841.90
	ARISE HEALTH PLAN	776.48	311.52	1,088.00	1,931.90	779.20	2,711.10
	DEAN HEALTH INSURANCE - PREVEA360	739.50	-	739.50	1,839.90	-	1,839.90
3	HUMANA - EASTERN	776.48	441.62	1,218.10	1,931.90	1,104.50	3,036.40
	NETWORK HEALTH NORTHEAST	776.48	9.92	786.40	1,931.90	25.20	1,957.10
*	UNITEDHEALTHCARE OF WISCONSIN	776.48	157.42	933.90	1,931.90	394.00	2,325.90
	WEA TRUST - EAST	776.48	67.72	844.20	1,931.90	169.70	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	776.48	469.12	1,245.60	1,931.90	1,175.80	3,107.70
ONEIDA							
*	ARISE ASPIRUS	985.01	56.09	1,041.10	2,453.22	140.68	2,593.90
3	GHC OF EAU CLAIRE	985.01	69.09	1,054.10	2,453.22	173.18	2,626.40
	HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
3	SECURITY HEALTH PLAN	985.01	104.89	1,089.90	2,453.22	262.68	2,715.90
3	STANDARD PLAN - BALANCE OF STATE	985.01	260.59	1,245.60	2,453.22	654.48	3,107.70

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IYC Local Traditional w/Dental Option - P02

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	740.30	-	740.30	1,841.90	-	1,841.90
	ARISE HEALTH PLAN	777.32	310.68	1,088.00	1,934.00	777.10	2,711.10
*	DEAN HEALTH INSURANCE - PREVEA360	739.50	-	739.50	1,839.90	-	1,839.90
3	HUMANA - EASTERN	777.32	440.78	1,218.10	1,934.00	1,102.40	3,036.40
	NETWORK HEALTH NORTHEAST	777.32	9.08	786.40	1,934.00	23.10	1,957.10
	UNITEDHEALTHCARE OF WISCONSIN	777.32	156.58	933.90	1,934.00	391.90	2,325.90
	WEA TRUST - EAST	777.32	66.88	844.20	1,934.00	167.60	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	777.32	468.28	1,245.60	1,934.00	1,173.70	3,107.70
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	824.10	-	824.10	2,051.40	-	2,051.40
	ARISE HEALTH PLAN	865.31	222.69	1,088.00	2,153.97	557.13	2,711.10
3	HUMANA - EASTERN	865.31	352.79	1,218.10	2,153.97	882.43	3,036.40
* ^	NETWORK HEALTH SOUTHEAST	837.70	-	837.70	2,085.40	-	2,085.40
	UNITEDHEALTHCARE OF WISCONSIN	865.31	68.59	933.90	2,153.97	171.93	2,325.90
	WEA TRUST - EAST	844.20	-	844.20	2,101.60	-	2,101.60
3	STANDARD PLAN - WAUKESHA	865.31	380.29	1,245.60	2,153.97	953.73	3,107.70
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	878.96	59.14	938.10	2,190.09	146.31	2,336.40
3	SECURITY HEALTH PLAN	878.96	210.94	1,089.90	2,190.09	525.81	2,715.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	878.96	190.44	1,069.40	2,190.09	474.51	2,664.60
3	STANDARD PLAN - WAUKESHA	878.96	366.64	1,245.60	2,190.09	917.61	3,107.70
	STATE MAINTENANCE PLAN	837.10	-	837.10	2,085.80	617.08	2,085.80
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	985.01	84.39	1,069.40	2,453.22	211.38	2,664.60
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	985.01	84.39	1,069.40	2,453.22	211.38	2,664.60
3	STANDARD PLAN - BALANCE OF STATE	985.01	260.59	1,245.60	2,453.22	654.48	3,107.70
POLK							
	HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
3	HUMANA - WESTERN	985.01	287.99	1,273.00	2,453.22	720.38	3,173.60
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	985.01	84.39	1,069.40	2,453.22	211.38	2,664.60
3	STANDARD PLAN - DANE	985.01	171.29	1,156.30	2,453.22	431.28	2,884.50
PORTAGE							
*	ARISE ASPIRUS	886.41	154.69	1,041.10	2,206.68	387.22	2,593.90
	HEALTHPARTNERS HEALTH PLAN	886.41	51.69	938.10	2,206.68	129.72	2,336.40
3	SECURITY HEALTH PLAN	886.41	203.49	1,089.90	2,206.68	509.22	2,715.90
	WEA TRUST - EAST	844.20	-	844.20	2,101.60	-	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	886.41	359.19	1,245.60	2,206.68	901.02	3,107.70
PRICE							
3	GHC OF EAU CLAIRE	878.96	175.14	1,054.10	2,190.09	436.31	2,626.40
*	HEALTHPARTNERS HEALTH PLAN	878.96	59.14	938.10	2,190.09	146.31	2,336.40
3	SECURITY HEALTH PLAN	878.96	210.94	1,089.90	2,190.09	525.81	2,715.90
3	STANDARD PLAN - BALANCE OF STATE	878.96	366.64	1,245.60	2,190.09	917.61	3,107.70
	STATE MAINTENANCE PLAN	837.10	-	837.10	2,085.80	-	2,085.80

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IYC Local Traditional w/Dental Option - P02

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
RACINE							
	ANTHEM BLUE PREFERRED SOUTHEAST	824.10	-	824.10	2,051.40	-	2,051.40
*	ARISE HEALTH PLAN	865.31	222.69	1,088.00	2,153.97	557.13	2,711.10
3	HUMANA - EASTERN	865.31	352.79	1,218.10	2,153.97	882.43	3,036.40
* ^	NETWORK HEALTH SOUTHEAST	837.70	-	837.70	2,085.40	-	2,085.40
	UNITEDHEALTHCARE OF WISCONSIN	865.31	68.59	933.90	2,153.97	171.93	2,325.90
3	STANDARD PLAN - WAUKESHA	865.31	380.29	1,245.60	2,153.97	953.73	3,107.70
RICHLAND							
	DEAN HEALTH INSURANCE	740.15	23.45	763.60	1,841.07	59.03	1,900.10
	GUNDERSEN HEALTH PLAN	740.15	90.45	830.60	1,841.07	226.53	2,067.60
	HEALTH TRADITION HEALTH PLAN	729.40	-	729.40	1,814.60	-	1,814.60
	PHYSICIANS PLUS	740.15	1.55	741.70	1,841.07	4.33	1,845.40
	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
3	STANDARD PLAN - BALANCE OF STATE	740.15	505.45	1,245.60	1,841.07	1,266.63	3,107.70
ROCK							
	ANTHEM BLUE PREFERRED SOUTHEAST	740.15	83.95	824.10	1,841.07	210.33	2,051.40
	DEAN HEALTH INSURANCE	740.15	23.45	763.60	1,841.07	59.03	1,900.10
3 *	HUMANA - EASTERN	740.15	477.95	1,218.10	1,841.07	1,195.33	3,036.40
	MERCYCARE HEALTH PLANS	721.50	-	721.50	1,794.90	-	1,794.90
*	PHYSICIANS PLUS	740.15	1.55	741.70	1,841.07	4.33	1,845.40
	UNITEDHEALTHCARE OF WISCONSIN	740.15	193.75	933.90	1,841.07	484.83	2,325.90
	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
	WEA TRUST - EAST	740.15	104.05	844.20	1,841.07	260.53	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	740.15	505.45	1,245.60	1,841.07	1,266.63	3,107.70
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
3	SECURITY HEALTH PLAN	1,089.90	-	1,089.90	2,715.90	-	2,715.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	1,069.40	-	1,069.40	2,664.60	-	2,664.60
3	STANDARD PLAN - BALANCE OF STATE	1,122.87	122.73	1,245.60	2,797.83	309.87	3,107.70
SAUK							
	DEAN HEALTH INSURANCE	740.15	23.45	763.60	1,841.07	59.03	1,900.10
*	GHC OF SOUTH CENTRAL WISCONSIN	684.20	-	684.20	1,701.60	-	1,701.60
	GUNDERSEN HEALTH PLAN	740.15	90.45	830.60	1,841.07	226.53	2,067.60
*	HEALTH TRADITION HEALTH PLAN	729.40	-	729.40	1,814.60	-	1,814.60
	PHYSICIANS PLUS	740.15	1.55	741.70	1,841.07	4.33	1,845.40
	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
3	STANDARD PLAN - BALANCE OF STATE	740.15	505.45	1,245.60	1,841.07	1,266.63	3,107.70
SAWYER							
3	GHC OF EAU CLAIRE	985.01	69.09	1,054.10	2,453.22	173.18	2,626.40
	HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
3	SECURITY HEALTH PLAN	985.01	104.89	1,089.90	2,453.22	262.68	2,715.90
3	STANDARD PLAN - BALANCE OF STATE	985.01	260.59	1,245.60	2,453.22	654.48	3,107.70

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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
SHAWANO								
		ANTHEM BLUE PREFERRED NORTHEAST	740.30	-	740.30	1,841.90	-	1,841.90
		ARISE HEALTH PLAN	777.32	310.68	1,088.00	1,934.00	777.10	2,711.10
	3 *	HUMANA - EASTERN	777.32	440.78	1,218.10	1,934.00	1,102.40	3,036.40
		NETWORK HEALTH NORTHEAST	777.32	9.08	786.40	1,934.00	23.10	1,957.10
		UNITEDHEALTHCARE OF WISCONSIN	777.32	156.58	933.90	1,934.00	391.90	2,325.90
		WEA TRUST - EAST	777.32	66.88	844.20	1,934.00	167.60	2,101.60
	3	STANDARD PLAN - BALANCE OF STATE	777.32	468.28	1,245.60	1,934.00	1,173.70	3,107.70
SHEBOYGAN								
		ANTHEM BLUE PREFERRED NORTHEAST	740.30	-	740.30	1,841.90	-	1,841.90
		ARISE HEALTH PLAN	776.48	311.52	1,088.00	1,931.90	779.20	2,711.10
		DEAN HEALTH INSURANCE - PREVEA360	739.50	-	739.50	1,839.90	-	1,839.90
	3	HUMANA - EASTERN	776.48	441.62	1,218.10	1,931.90	1,104.50	3,036.40
		NETWORK HEALTH NORTHEAST	776.48	9.92	786.40	1,931.90	25.20	1,957.10
		UNITEDHEALTHCARE OF WISCONSIN	776.48	157.42	933.90	1,931.90	394.00	2,325.90
		WEA TRUST - EAST	776.48	67.72	844.20	1,931.90	169.70	2,101.60
	3	STANDARD PLAN - BALANCE OF STATE	776.48	469.12	1,245.60	1,931.90	1,175.80	3,107.70
ST. CROIX								
		HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
	3	HUMANA - WESTERN	985.01	287.99	1,273.00	2,453.22	720.38	3,173.60
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	985.01	84.39	1,069.40	2,453.22	211.38	2,664.60
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	985.01	84.39	1,069.40	2,453.22	211.38	2,664.60
	3	STANDARD PLAN - DANE	985.01	171.29	1,156.30	2,453.22	431.28	2,884.50
TAYLOR								
		ARISE ASPIRUS	1,041.10	-	1,041.10	2,593.90	-	2,593.90
	3	GHC OF EAU CLAIRE	1,054.10	-	1,054.10	2,626.40	-	2,626.40
	*	HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
	3	SECURITY HEALTH PLAN	1,089.90	-	1,089.90	2,715.90	-	2,715.90
	3	STANDARD PLAN - BALANCE OF STATE	1,093.16	152.44	1,245.60	2,723.60	384.10	3,107.70
TREMPEALEAU								
		GUNDERSEN HEALTH PLAN	830.60	-	830.60	2,067.60	-	2,067.60
	*	HEALTH TRADITION HEALTH PLAN	729.40	-	729.40	1,814.60	-	1,814.60
	*	HEALTHPARTNERS HEALTH PLAN	872.13	65.97	938.10	2,170.98	165.42	2,336.40
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	872.13	197.27	1,069.40	2,170.98	493.62	2,664.60
	3	STANDARD PLAN - BALANCE OF STATE	872.13	373.47	1,245.60	2,170.98	936.72	3,107.70
VERNON								
	*	DEAN HEALTH INSURANCE	740.15	23.45	763.60	1,841.07	59.03	1,900.10
		GUNDERSEN HEALTH PLAN	740.15	90.45	830.60	1,841.07	226.53	2,067.60
		HEALTH TRADITION HEALTH PLAN	729.40	-	729.40	1,814.60	-	1,814.60
		HEALTHPARTNERS HEALTH PLAN	740.15	197.95	938.10	1,841.07	495.33	2,336.40
	*	PHYSICIANS PLUS	740.15	1.55	741.70	1,841.07	4.33	1,845.40
		UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
	3	STANDARD PLAN - BALANCE OF STATE	740.15	505.45	1,245.60	1,841.07	1,266.63	3,107.70

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
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IYC Local Traditional w/Dental Option - P02

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
VILAS							
*	ARISE ASPIRUS	878.96	162.14	1,041.10	2,190.09	403.81	2,593.90
3	GHC OF EAU CLAIRE	878.96	175.14	1,054.10	2,190.09	436.31	2,626.40
*	HEALTHPARTNERS HEALTH PLAN	878.96	59.14	938.10	2,190.09	146.31	2,336.40
3	SECURITY HEALTH PLAN	878.96	210.94	1,089.90	2,190.09	525.81	2,715.90
3	STANDARD PLAN - BALANCE OF STATE	878.96	366.64	1,245.60	2,190.09	917.61	3,107.70
	STATE MAINTENANCE PLAN	837.10	-	837.10	2,085.80	-	2,085.80
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	740.15	83.95	824.10	1,841.07	210.33	2,051.40
	ARISE HEALTH PLAN	740.15	347.85	1,088.00	1,841.07	870.03	2,711.10
*	DEAN HEALTH INSURANCE	740.15	23.45	763.60	1,841.07	59.03	1,900.10
3	HUMANA - EASTERN	740.15	477.95	1,218.10	1,841.07	1,195.33	3,036.40
	MERCYCARE HEALTH PLANS	721.50	-	721.50	1,794.90	-	1,794.90
*	PHYSICIANS PLUS	740.15	1.55	741.70	1,841.07	4.33	1,845.40
	UNITEDHEALTHCARE OF WISCONSIN	740.15	193.75	933.90	1,841.07	484.83	2,325.90
	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
	WEA TRUST - EAST	740.15	104.05	844.20	1,841.07	260.53	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	740.15	505.45	1,245.60	1,841.07	1,266.63	3,107.70
WASHBURN							
3	GHC OF EAU CLAIRE	985.01	69.09	1,054.10	2,453.22	173.18	2,626.40
	HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
3	SECURITY HEALTH PLAN	985.01	104.89	1,089.90	2,453.22	262.68	2,715.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	985.01	84.39	1,069.40	2,453.22	211.38	2,664.60
3	STANDARD PLAN - BALANCE OF STATE	985.01	260.59	1,245.60	2,453.22	654.48	3,107.70
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	824.10	-	824.10	2,051.40	-	2,051.40
	ARISE HEALTH PLAN	865.31	222.69	1,088.00	2,153.97	557.13	2,711.10
3	HUMANA - EASTERN	865.31	352.79	1,218.10	2,153.97	882.43	3,036.40
* ^	NETWORK HEALTH SOUTHEAST	837.70	-	837.70	2,085.40	-	2,085.40
	UNITEDHEALTHCARE OF WISCONSIN	865.31	68.59	933.90	2,153.97	171.93	2,325.90
	WEA TRUST - EAST	844.20	-	844.20	2,101.60	-	2,101.60
3	STANDARD PLAN - WAUKESHA	865.31	380.29	1,245.60	2,153.97	953.73	3,107.70
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	740.15	83.95	824.10	1,841.07	210.33	2,051.40
	ARISE HEALTH PLAN	740.15	347.85	1,088.00	1,841.07	870.03	2,711.10
	DEAN HEALTH INSURANCE	740.15	23.45	763.60	1,841.07	59.03	1,900.10
3	HUMANA - EASTERN	740.15	477.95	1,218.10	1,841.07	1,195.33	3,036.40
* ^	NETWORK HEALTH SOUTHEAST	740.15	97.55	837.70	1,841.07	244.33	2,085.40
*	PHYSICIANS PLUS	740.15	1.55	741.70	1,841.07	4.33	1,845.40
	UNITEDHEALTHCARE OF WISCONSIN	740.15	193.75	933.90	1,841.07	484.83	2,325.90
	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
	WEA TRUST - EAST	740.15	104.05	844.20	1,841.07	260.53	2,101.60
3	STANDARD PLAN - WAUKESHA	740.15	505.45	1,245.60	1,841.07	1,266.63	3,107.70

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IYC Local Traditional w/Dental Option - P02

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
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	740.30	-	740.30	1,841.90	-	1,841.90
	ARISE HEALTH PLAN	777.32	310.68	1,088.00	1,934.00	777.10	2,711.10
3	HUMANA - EASTERN	777.32	440.78	1,218.10	1,934.00	1,102.40	3,036.40
	NETWORK HEALTH NORTHEAST	777.32	9.08	786.40	1,934.00	23.10	1,957.10
3	SECURITY HEALTH PLAN	777.32	312.58	1,089.90	1,934.00	781.90	2,715.90
	UNITEDHEALTHCARE OF WISCONSIN	777.32	156.58	933.90	1,934.00	391.90	2,325.90
	WEA TRUST - EAST	777.32	66.88	844.20	1,934.00	167.60	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	777.32	468.28	1,245.60	1,934.00	1,173.70	3,107.70
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	740.30	-	740.30	1,841.90	-	1,841.90
*	ARISE HEALTH PLAN	777.32	310.68	1,088.00	1,934.00	777.10	2,711.10
3	HUMANA - EASTERN	777.32	440.78	1,218.10	1,934.00	1,102.40	3,036.40
	NETWORK HEALTH NORTHEAST	777.32	9.08	786.40	1,934.00	23.10	1,957.10
	PHYSICIANS PLUS	741.70	-	741.70	1,845.40	-	1,845.40
3	SECURITY HEALTH PLAN	777.32	312.58	1,089.90	1,934.00	781.90	2,715.90
	UNITEDHEALTHCARE OF WISCONSIN	777.32	156.58	933.90	1,934.00	391.90	2,325.90
	WEA TRUST - EAST	777.32	66.88	844.20	1,934.00	167.60	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	777.32	468.28	1,245.60	1,934.00	1,173.70	3,107.70
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	740.30	-	740.30	1,841.90	-	1,841.90
	ARISE HEALTH PLAN	777.32	310.68	1,088.00	1,934.00	777.10	2,711.10
3	HUMANA - EASTERN	777.32	440.78	1,218.10	1,934.00	1,102.40	3,036.40
	NETWORK HEALTH NORTHEAST	777.32	9.08	786.40	1,934.00	23.10	1,957.10
	UNITEDHEALTHCARE OF WISCONSIN	777.32	156.58	933.90	1,934.00	391.90	2,325.90
	WEA TRUST - EAST	777.32	66.88	844.20	1,934.00	167.60	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	777.32	468.28	1,245.60	1,934.00	1,173.70	3,107.70
WOOD							
	ARISE ASPIRUS	1,041.10	-	1,041.10	2,593.90	-	2,593.90
*	HEALTHPARTNERS HEALTH PLAN	938.10	-	938.10	2,336.40	-	2,336.40
*	PHYSICIANS PLUS	741.70	-	741.70	1,845.40	-	1,845.40
3	SECURITY HEALTH PLAN	1,089.90	-	1,089.90	2,715.90	-	2,715.90
*	UNITY HEALTH INSURANCE - COMMUNITY	704.90	-	704.90	1,753.40	-	1,753.40
*	WEA TRUST - EAST	844.20	-	844.20	2,101.60	-	2,101.60
3	STANDARD PLAN - BALANCE OF STATE	1,093.16	152.44	1,245.60	2,723.60	384.10	3,107.70