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 Deductible w/Dental Option - 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	692.27	21.03	713.30	1,721.37	53.03	1,774.40
		PHYSICIANS PLUS	692.27	0.93	693.20	1,721.37	2.73	1,724.10
	3	SECURITY HEALTH PLAN	692.27	321.23	1,013.50	1,721.37	803.53	2,524.90
		UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
		WEA TRUST - EAST	692.27	95.23	787.50	1,721.37	238.53	1,959.90
	3	STANDARD PLAN - BALANCE OF STATE	692.27	486.03	1,178.30	1,721.37	1,218.13	2,939.50
ASHLAND								
	3	GHC OF EAU CLAIRE	917.60	63.00	980.60	2,284.70	157.90	2,442.60
		HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
	3	SECURITY HEALTH PLAN	917.60	95.90	1,013.50	2,284.70	240.20	2,524.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	917.60	77.10	994.70	2,284.70	193.20	2,477.90
	3	STANDARD PLAN - BALANCE OF STATE	917.60	260.70	1,178.30	2,284.70	654.80	2,939.50
BARRON								
		HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
	3	HUMANA - WESTERN	917.60	264.40	1,182.00	2,284.70	661.40	2,946.10
	3	SECURITY HEALTH PLAN	917.60	95.90	1,013.50	2,284.70	240.20	2,524.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	917.60	77.10	994.70	2,284.70	193.20	2,477.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	917.60	77.10	994.70	2,284.70	193.20	2,477.90
	3	STANDARD PLAN - BALANCE OF STATE	917.60	260.70	1,178.30	2,284.70	654.80	2,939.50
BAYFIELD								
	3 *	GHC OF EAU CLAIRE	832.13	148.47	980.60	2,073.02	369.58	2,442.60
	3 *	SECURITY HEALTH PLAN	832.13	181.37	1,013.50	2,073.02	451.88	2,524.90
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	832.13	162.57	994.70	2,073.02	404.88	2,477.90
	3	STANDARD PLAN - BALANCE OF STATE	832.13	346.17	1,178.30	2,073.02	866.48	2,939.50
		STATE MAINTENANCE PLAN	792.50	-	792.50	1,974.30	-	1,974.30
BROWN								
		ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
		ARISE HEALTH PLAN	725.76	286.04	1,011.80	1,805.06	715.54	2,520.60
		DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
	3	HUMANA - EASTERN	725.76	405.74	1,131.50	1,805.06	1,014.84	2,819.90
		NETWORK HEALTH NORTHEAST	725.76	8.54	734.30	1,805.06	21.84	1,826.90
		UNITEDHEALTHCARE OF WISCONSIN	725.76	144.24	870.00	1,805.06	361.04	2,166.10
		WEA TRUST - EAST	725.76	61.74	787.50	1,805.06	154.84	1,959.90
	3	STANDARD PLAN - BALANCE OF STATE	725.76	452.54	1,178.30	1,805.06	1,134.44	2,939.50
BUFFALO								
	*	HEALTH TRADITION HEALTH PLAN	681.90	-	681.90	1,695.90	-	1,695.90
	3	STANDARD PLAN - BALANCE OF STATE	832.13	346.17	1,178.30	2,073.02	866.48	2,939.50
		STATE MAINTENANCE PLAN	792.50	-	792.50	1,974.30	-	1,974.30
BURNETT								
	3	GHC OF EAU CLAIRE	917.60	63.00	980.60	2,284.70	157.90	2,442.60
		HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
	3	SECURITY HEALTH PLAN	917.60	95.90	1,013.50	2,284.70	240.20	2,524.90
	3	STANDARD PLAN - BALANCE OF STATE	917.60	260.70	1,178.30	2,284.70	654.80	2,939.50

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IYC Local Deductible w/Dental Option - 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
CALUMET								
		ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	*	ARISE HEALTH PLAN	726.50	285.30	1,011.80	1,806.95	713.65	2,520.60
	3 *	HUMANA - EASTERN	726.50	405.00	1,131.50	1,806.95	1,012.95	2,819.90
		NETWORK HEALTH NORTHEAST	726.50	7.80	734.30	1,806.95	19.95	1,826.90
		UNITEDHEALTHCARE OF WISCONSIN	726.50	143.50	870.00	1,806.95	359.15	2,166.10
	*	WEA TRUST - EAST	726.50	61.00	787.50	1,806.95	152.95	1,959.90
	3	STANDARD PLAN - BALANCE OF STATE	726.50	451.80	1,178.30	1,806.95	1,132.55	2,939.50
CHIPPEWA								
		GUNDERSEN HEALTH PLAN	775.00	-	775.00	1,928.60	-	1,928.60
		HEALTHPARTNERS HEALTH PLAN	813.75	60.15	873.90	2,025.03	150.87	2,175.90
	3	HUMANA - WESTERN	813.75	368.25	1,182.00	2,025.03	921.07	2,946.10
	3	SECURITY HEALTH PLAN	813.75	199.75	1,013.50	2,025.03	499.87	2,524.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	813.75	180.95	994.70	2,025.03	452.87	2,477.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	813.75	180.95	994.70	2,025.03	452.87	2,477.90
	3	STANDARD PLAN - BALANCE OF STATE	813.75	364.55	1,178.30	2,025.03	914.47	2,939.50
CLARK								
	*	ARISE ASPIRUS	813.75	154.85	968.60	2,025.03	387.57	2,412.60
	3	GHC OF EAU CLAIRE	813.75	166.85	980.60	2,025.03	417.57	2,442.60
		GUNDERSEN HEALTH PLAN	775.00	-	775.00	1,928.60	-	1,928.60
		HEALTHPARTNERS HEALTH PLAN	813.75	60.15	873.90	2,025.03	150.87	2,175.90
	3	SECURITY HEALTH PLAN	813.75	199.75	1,013.50	2,025.03	499.87	2,524.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	813.75	180.95	994.70	2,025.03	452.87	2,477.90
	3	STANDARD PLAN - BALANCE OF STATE	813.75	364.55	1,178.30	2,025.03	914.47	2,939.50
COLUMBIA								
		DEAN HEALTH INSURANCE	672.32	40.98	713.30	1,671.50	102.90	1,774.40
		GHC OF SOUTH CENTRAL WISCONSIN	640.30	-	640.30	1,591.90	-	1,591.90
		PHYSICIANS PLUS	672.32	20.88	693.20	1,671.50	52.60	1,724.10
		UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
		WEA TRUST - EAST	672.32	115.18	787.50	1,671.50	288.40	1,959.90
	3	STANDARD PLAN - BALANCE OF STATE	672.32	505.98	1,178.30	1,671.50	1,268.00	2,939.50
CRAWFORD								
		GUNDERSEN HEALTH PLAN	676.52	98.48	775.00	1,682.00	246.60	1,928.60
		HEALTH TRADITION HEALTH PLAN	676.52	5.38	681.90	1,682.00	13.90	1,695.90
		HEALTHPARTNERS HEALTH PLAN	676.52	197.38	873.90	1,682.00	493.90	2,175.90
		MEDICAL ASSOCIATES HEALTH PLANS	644.30	-	644.30	1,601.90	-	1,601.90
	*	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	676.52	318.18	994.70	1,682.00	795.90	2,477.90
	3	STANDARD PLAN - BALANCE OF STATE	676.52	501.78	1,178.30	1,682.00	1,257.50	2,939.50
DANE								
		DEAN HEALTH INSURANCE	635.88	77.42	713.30	1,580.36	194.04	1,774.40
		GHC OF SOUTH CENTRAL WISCONSIN	635.88	4.42	640.30	1,580.36	11.54	1,591.90
		PHYSICIANS PLUS	635.88	57.32	693.20	1,580.36	143.74	1,724.10
		UNITY HEALTH INSURANCE - UW HEALTH	605.60	-	605.60	1,505.10	-	1,505.10
		WEA TRUST - SOUTH CENTRAL	608.60	-	608.60	1,512.60	-	1,512.60
	3	STANDARD PLAN - DANE	635.88	460.22	1,096.10	1,580.36	1,153.64	2,734.00

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IYC Local Deductible w/Dental Option - 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
DODGE								
		ANTHEM BLUE PREFERRED SOUTHEAST	692.27	76.73	769.00	1,721.37	192.23	1,913.60
	*	ARISE HEALTH PLAN	692.27	319.53	1,011.80	1,721.37	799.23	2,520.60
		DEAN HEALTH INSURANCE	692.27	21.03	713.30	1,721.37	53.03	1,774.40
	3	HUMANA - EASTERN	692.27	439.23	1,131.50	1,721.37	1,098.53	2,819.90
		NETWORK HEALTH NORTHEAST	692.27	42.03	734.30	1,721.37	105.53	1,826.90
		PHYSICIANS PLUS	692.27	0.93	693.20	1,721.37	2.73	1,724.10
		UNITEDHEALTHCARE OF WISCONSIN	692.27	177.73	870.00	1,721.37	444.73	2,166.10
		UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
		WEA TRUST - EAST	692.27	95.23	787.50	1,721.37	238.53	1,959.90
	3	STANDARD PLAN - BALANCE OF STATE	692.27	486.03	1,178.30	1,721.37	1,218.13	2,939.50
DOOR								
		ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
		ARISE HEALTH PLAN	726.50	285.30	1,011.80	1,806.95	713.65	2,520.60
	*	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
	3	HUMANA - EASTERN	726.50	405.00	1,131.50	1,806.95	1,012.95	2,819.90
		NETWORK HEALTH NORTHEAST	726.50	7.80	734.30	1,806.95	19.95	1,826.90
		UNITEDHEALTHCARE OF WISCONSIN	726.50	143.50	870.00	1,806.95	359.15	2,166.10
		WEA TRUST - EAST	726.50	61.00	787.50	1,806.95	152.95	1,959.90
	3	STANDARD PLAN - BALANCE OF STATE	726.50	451.80	1,178.30	1,806.95	1,132.55	2,939.50
DOUGLAS								
	3	GHC OF EAU CLAIRE	917.60	63.00	980.60	2,284.70	157.90	2,442.60
		HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
	3	SECURITY HEALTH PLAN	917.60	95.90	1,013.50	2,284.70	240.20	2,524.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	917.60	77.10	994.70	2,284.70	193.20	2,477.90
	3	STANDARD PLAN - BALANCE OF STATE	917.60	260.70	1,178.30	2,284.70	654.80	2,939.50
DUNN								
	3	HUMANA - WESTERN	1,044.44	137.56	1,182.00	2,601.80	344.30	2,946.10
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	994.70	-	994.70	2,477.90	-	2,477.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	994.70	-	994.70	2,477.90	-	2,477.90
	3	STANDARD PLAN - BALANCE OF STATE	1,044.44	133.86	1,178.30	2,601.80	337.70	2,939.50
EAU CLAIRE								
		GUNDERSEN HEALTH PLAN	775.00	-	775.00	1,928.60	-	1,928.60
		HEALTHPARTNERS HEALTH PLAN	813.75	60.15	873.90	2,025.03	150.87	2,175.90
	3	HUMANA - WESTERN	813.75	368.25	1,182.00	2,025.03	921.07	2,946.10
	3	SECURITY HEALTH PLAN	813.75	199.75	1,013.50	2,025.03	499.87	2,524.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	813.75	180.95	994.70	2,025.03	452.87	2,477.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	813.75	180.95	994.70	2,025.03	452.87	2,477.90
	3	STANDARD PLAN - BALANCE OF STATE	813.75	364.55	1,178.30	2,025.03	914.47	2,939.50
FLORENCE								
	*	ARISE ASPIRUS	832.13	136.47	968.60	2,073.02	339.58	2,412.60
	3	STANDARD PLAN - BALANCE OF STATE	832.13	346.17	1,178.30	2,073.02	866.48	2,939.50
		STATE MAINTENANCE PLAN	792.50	-	792.50	1,974.30	-	1,974.30

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IYC Local Deductible w/Dental Option - 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
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	692.27	319.53	1,011.80	1,721.37	799.23	2,520.60
	DEAN HEALTH INSURANCE	692.27	21.03	713.30	1,721.37	53.03	1,774.40
3	HUMANA - EASTERN	692.27	439.23	1,131.50	1,721.37	1,098.53	2,819.90
	NETWORK HEALTH NORTHEAST	692.27	42.03	734.30	1,721.37	105.53	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	692.27	177.73	870.00	1,721.37	444.73	2,166.10
	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
3	STANDARD PLAN - BALANCE OF STATE	692.27	486.03	1,178.30	1,721.37	1,218.13	2,939.50
FOREST							
*	ARISE ASPIRUS	832.13	136.47	968.60	2,073.02	339.58	2,412.60
3	SECURITY HEALTH PLAN	832.13	181.37	1,013.50	2,073.02	451.88	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	832.13	346.17	1,178.30	2,073.02	866.48	2,939.50
	STATE MAINTENANCE PLAN	792.50	-	792.50	1,974.30	-	1,974.30
GRANT							
	DEAN HEALTH INSURANCE	676.52	36.78	713.30	1,682.00	92.40	1,774.40
	GUNDERSEN HEALTH PLAN	676.52	98.48	775.00	1,682.00	246.60	1,928.60
*	HEALTH TRADITION HEALTH PLAN	676.52	5.38	681.90	1,682.00	13.90	1,695.90
*	HEALTHPARTNERS HEALTH PLAN	676.52	197.38	873.90	1,682.00	493.90	2,175.90
	MEDICAL ASSOCIATES HEALTH PLANS	644.30	-	644.30	1,601.90	-	1,601.90
	PHYSICIANS PLUS	676.52	16.68	693.20	1,682.00	42.10	1,724.10
	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
3	STANDARD PLAN - DANE	676.52	419.58	1,096.10	1,682.00	1,052.00	2,734.00
GREEN							
	DEAN HEALTH INSURANCE	692.27	21.03	713.30	1,721.37	53.03	1,774.40
*	MERCYCARE HEALTH PLANS	674.60	-	674.60	1,677.60	-	1,677.60
	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
3	STANDARD PLAN - BALANCE OF STATE	692.27	486.03	1,178.30	1,721.37	1,218.13	2,939.50
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
*	ARISE HEALTH PLAN	726.50	285.30	1,011.80	1,806.95	713.65	2,520.60
*	DEAN HEALTH INSURANCE	713.30	-	713.30	1,774.40	-	1,774.40
3	HUMANA - EASTERN	726.50	405.00	1,131.50	1,806.95	1,012.95	2,819.90
	NETWORK HEALTH NORTHEAST	726.50	7.80	734.30	1,806.95	19.95	1,826.90
*	PHYSICIANS PLUS	693.20	-	693.20	1,724.10	-	1,724.10
	UNITEDHEALTHCARE OF WISCONSIN	726.50	143.50	870.00	1,806.95	359.15	2,166.10
	WEA TRUST - EAST	726.50	61.00	787.50	1,806.95	152.95	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	726.50	451.80	1,178.30	1,806.95	1,132.55	2,939.50
IOWA							
	DEAN HEALTH INSURANCE	676.52	36.78	713.30	1,682.00	92.40	1,774.40
	MEDICAL ASSOCIATES HEALTH PLANS	644.30	-	644.30	1,601.90	-	1,601.90
	PHYSICIANS PLUS	676.52	16.68	693.20	1,682.00	42.10	1,724.10
	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
3	STANDARD PLAN - BALANCE OF STATE	676.52	501.78	1,178.30	1,682.00	1,257.50	2,939.50

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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	832.13	148.47	980.60	2,073.02	369.58	2,442.60
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	832.13	162.57	994.70	2,073.02	404.88	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	832.13	346.17	1,178.30	2,073.02	866.48	2,939.50
	STATE MAINTENANCE PLAN	792.50	-	792.50	1,974.30	-	1,974.30
JACKSON							
	GUNDERSEN HEALTH PLAN	716.00	59.00	775.00	1,780.70	147.90	1,928.60
	HEALTH TRADITION HEALTH PLAN	681.90	-	681.90	1,695.90	-	1,695.90
	HEALTHPARTNERS HEALTH PLAN	716.00	157.90	873.90	1,780.70	395.20	2,175.90
3	SECURITY HEALTH PLAN	716.00	297.50	1,013.50	1,780.70	744.20	2,524.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	716.00	278.70	994.70	1,780.70	697.20	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	716.00	462.30	1,178.30	1,780.70	1,158.80	2,939.50
JEFFERSON							
	ANTHEM BLUE PREFERRED SOUTHEAST	692.27	76.73	769.00	1,721.37	192.23	1,913.60
	DEAN HEALTH INSURANCE	692.27	21.03	713.30	1,721.37	53.03	1,774.40
3	HUMANA - EASTERN	692.27	439.23	1,131.50	1,721.37	1,098.53	2,819.90
	MERCYCARE HEALTH PLANS	674.60	-	674.60	1,677.60	-	1,677.60
	PHYSICIANS PLUS	692.27	0.93	693.20	1,721.37	2.73	1,724.10
	UNITEDHEALTHCARE OF WISCONSIN	692.27	177.73	870.00	1,721.37	444.73	2,166.10
	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
3	STANDARD PLAN - DANE	692.27	403.83	1,096.10	1,721.37	1,012.63	2,734.00
JUNEAU							
*	ARISE ASPIRUS	692.27	276.33	968.60	1,721.37	691.23	2,412.60
*	DEAN HEALTH INSURANCE	692.27	21.03	713.30	1,721.37	53.03	1,774.40
	GUNDERSEN HEALTH PLAN	692.27	82.73	775.00	1,721.37	207.23	1,928.60
	HEALTH TRADITION HEALTH PLAN	681.90	-	681.90	1,695.90	-	1,695.90
	PHYSICIANS PLUS	692.27	0.93	693.20	1,721.37	2.73	1,724.10
	SECURITY HEALTH PLAN	692.27	321.23	1,013.50	1,721.37	803.53	2,524.90
	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
	WEA TRUST - EAST	692.27	95.23	787.50	1,721.37	238.53	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	692.27	486.03	1,178.30	1,721.37	1,218.13	2,939.50
KENOSHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	769.00	-	769.00	1,913.60	-	1,913.60
	ARISE HEALTH PLAN	807.45	204.35	1,011.80	2,009.28	511.32	2,520.60
3	HUMANA - EASTERN	807.45	324.05	1,131.50	2,009.28	810.62	2,819.90
	UNITEDHEALTHCARE OF WISCONSIN	807.45	62.55	870.00	2,009.28	156.82	2,166.10
3	STANDARD PLAN - WAUKESHA	807.45	370.85	1,178.30	2,009.28	930.22	2,939.50
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	726.50	285.30	1,011.80	1,806.95	713.65	2,520.60
*	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
	NETWORK HEALTH NORTHEAST	726.50	7.80	734.30	1,806.95	19.95	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	726.50	143.50	870.00	1,806.95	359.15	2,166.10
	WEA TRUST - EAST	726.50	61.00	787.50	1,806.95	152.95	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	726.50	451.80	1,178.30	1,806.95	1,132.55	2,939.50

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible w/Dental Option - 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
LACROSSE							
	GUNDERSEN HEALTH PLAN	716.00	59.00	775.00	1,780.70	147.90	1,928.60
	HEALTH TRADITION HEALTH PLAN	681.90	-	681.90	1,695.90	-	1,695.90
	HEALTHPARTNERS HEALTH PLAN	716.00	157.90	873.90	1,780.70	395.20	2,175.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	716.00	278.70	994.70	1,780.70	697.20	2,477.90
3	STANDARD PLAN - DANE	716.00	380.10	1,096.10	1,780.70	953.30	2,734.00
LAFAYETTE							
*	DEAN HEALTH INSURANCE	676.52	36.78	713.30	1,682.00	92.40	1,774.40
	MEDICAL ASSOCIATES HEALTH PLANS	644.30	-	644.30	1,601.90	-	1,601.90
	PHYSICIANS PLUS	676.52	16.68	693.20	1,682.00	42.10	1,724.10
*	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
3	STANDARD PLAN - BALANCE OF STATE	676.52	501.78	1,178.30	1,682.00	1,257.50	2,939.50
LANGLADE							
	ARISE ASPIRUS	968.60	-	968.60	2,412.60	-	2,412.60
3	GHC OF EAU CLAIRE	980.60	-	980.60	2,442.60	-	2,442.60
*	HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
3	SECURITY HEALTH PLAN	1,013.50	-	1,013.50	2,524.90	-	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	1,017.03	161.27	1,178.30	2,533.23	406.27	2,939.50
LINCOLN							
*	ARISE ASPIRUS	917.60	51.00	968.60	2,284.70	127.90	2,412.60
3	GHC OF EAU CLAIRE	917.60	63.00	980.60	2,284.70	157.90	2,442.60
	HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
3	SECURITY HEALTH PLAN	917.60	95.90	1,013.50	2,284.70	240.20	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	917.60	260.70	1,178.30	2,284.70	654.80	2,939.50
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	725.76	286.04	1,011.80	1,805.06	715.54	2,520.60
	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
3	HUMANA - EASTERN	725.76	405.74	1,131.50	1,805.06	1,014.84	2,819.90
	NETWORK HEALTH NORTHEAST	725.76	8.54	734.30	1,805.06	21.84	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	725.76	144.24	870.00	1,805.06	361.04	2,166.10
	WEA TRUST - EAST	725.76	61.74	787.50	1,805.06	154.84	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	725.76	452.54	1,178.30	1,805.06	1,134.44	2,939.50
MARATHON							
	ARISE ASPIRUS	826.88	141.72	968.60	2,057.90	354.70	2,412.60
3	GHC OF EAU CLAIRE	826.88	153.72	980.60	2,057.90	384.70	2,442.60
	HEALTHPARTNERS HEALTH PLAN	826.88	47.02	873.90	2,057.90	118.00	2,175.90
3	SECURITY HEALTH PLAN	826.88	186.62	1,013.50	2,057.90	467.00	2,524.90
	WEA TRUST - EAST	787.50	-	787.50	1,959.90	-	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	826.88	351.42	1,178.30	2,057.90	881.60	2,939.50
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	726.50	285.30	1,011.80	1,806.95	713.65	2,520.60
*	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
3	HUMANA - EASTERN	726.50	405.00	1,131.50	1,806.95	1,012.95	2,819.90
	UNITEDHEALTHCARE OF WISCONSIN	726.50	143.50	870.00	1,806.95	359.15	2,166.10
3	STANDARD PLAN - BALANCE OF STATE	726.50	451.80	1,178.30	1,806.95	1,132.55	2,939.50

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IYC Local Deductible w/Dental Option - 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
MARQUETTE							
*	DEAN HEALTH INSURANCE	713.30	-	713.30	1,774.40	-	1,774.40
*	NETWORK HEALTH NORTHEAST	727.86	6.44	734.30	1,810.31	16.59	1,826.90
	PHYSICIANS PLUS	693.20	-	693.20	1,724.10	-	1,724.10
*	UNITEDHEALTHCARE OF WISCONSIN	727.86	142.14	870.00	1,810.31	355.79	2,166.10
*	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
	WEA TRUST - EAST	727.86	59.64	787.50	1,810.31	149.59	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	727.86	450.44	1,178.30	1,810.31	1,129.19	2,939.50
MENOMINEE							
*	WEA TRUST - EAST	787.50	-	787.50	1,959.90	-	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	832.13	346.17	1,178.30	2,073.02	866.48	2,939.50
	STATE MAINTENANCE PLAN	792.50	-	792.50	1,974.30	-	1,974.30
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	769.00	-	769.00	1,913.60	-	1,913.60
	ARISE HEALTH PLAN	807.45	204.35	1,011.80	2,009.28	511.32	2,520.60
3	HUMANA - EASTERN	807.45	324.05	1,131.50	2,009.28	810.62	2,819.90
* ^	NETWORK HEALTH SOUTHEAST	781.50	-	781.50	1,944.90	-	1,944.90
	UNITEDHEALTHCARE OF WISCONSIN	807.45	62.55	870.00	2,009.28	156.82	2,166.10
	WEA TRUST - EAST	787.50	-	787.50	1,959.90	-	1,959.90
3	STANDARD PLAN - MILWAUKEE	807.45	463.15	1,270.60	2,009.28	1,160.92	3,170.20
MONROE							
	GUNDERSEN HEALTH PLAN	716.00	59.00	775.00	1,780.70	147.90	1,928.60
	HEALTH TRADITION HEALTH PLAN	681.90	-	681.90	1,695.90	-	1,695.90
	HEALTHPARTNERS HEALTH PLAN	716.00	157.90	873.90	1,780.70	395.20	2,175.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	716.00	278.70	994.70	1,780.70	697.20	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	716.00	462.30	1,178.30	1,780.70	1,158.80	2,939.50
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	725.76	286.04	1,011.80	1,805.06	715.54	2,520.60
	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
3	HUMANA - EASTERN	725.76	405.74	1,131.50	1,805.06	1,014.84	2,819.90
	NETWORK HEALTH NORTHEAST	725.76	8.54	734.30	1,805.06	21.84	1,826.90
*	UNITEDHEALTHCARE OF WISCONSIN	725.76	144.24	870.00	1,805.06	361.04	2,166.10
	WEA TRUST - EAST	725.76	61.74	787.50	1,805.06	154.84	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	725.76	452.54	1,178.30	1,805.06	1,134.44	2,939.50
ONEIDA							
*	ARISE ASPIRUS	917.60	51.00	968.60	2,284.70	127.90	2,412.60
3	GHC OF EAU CLAIRE	917.60	63.00	980.60	2,284.70	157.90	2,442.60
	HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
3	SECURITY HEALTH PLAN	917.60	95.90	1,013.50	2,284.70	240.20	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	917.60	260.70	1,178.30	2,284.70	654.80	2,939.50

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IYC Local Deductible w/Dental Option - 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	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	726.50	285.30	1,011.80	1,806.95	713.65	2,520.60
*	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
3	HUMANA - EASTERN	726.50	405.00	1,131.50	1,806.95	1,012.95	2,819.90
	NETWORK HEALTH NORTHEAST	726.50	7.80	734.30	1,806.95	19.95	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	726.50	143.50	870.00	1,806.95	359.15	2,166.10
	WEA TRUST - EAST	726.50	61.00	787.50	1,806.95	152.95	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	726.50	451.80	1,178.30	1,806.95	1,132.55	2,939.50
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	769.00	-	769.00	1,913.60	-	1,913.60
	ARISE HEALTH PLAN	807.45	204.35	1,011.80	2,009.28	511.32	2,520.60
3	HUMANA - EASTERN	807.45	324.05	1,131.50	2,009.28	810.62	2,819.90
* ^	NETWORK HEALTH SOUTHEAST	781.50	-	781.50	1,944.90	-	1,944.90
	UNITEDHEALTHCARE OF WISCONSIN	807.45	62.55	870.00	2,009.28	156.82	2,166.10
	WEA TRUST - EAST	787.50	-	787.50	1,959.90	-	1,959.90
3	STANDARD PLAN - WAUKESHA	807.45	370.85	1,178.30	2,009.28	930.22	2,939.50
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	832.13	41.77	873.90	2,073.02	102.88	2,175.90
3	SECURITY HEALTH PLAN	832.13	181.37	1,013.50	2,073.02	451.88	2,524.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	832.13	162.57	994.70	2,073.02	404.88	2,477.90
3	STANDARD PLAN - WAUKESHA	832.13	346.17	1,178.30	2,073.02	866.48	2,939.50
	STATE MAINTENANCE PLAN	792.50	-	792.50	1,974.30	617.08	1,974.30
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	917.60	77.10	994.70	2,284.70	193.20	2,477.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	917.60	77.10	994.70	2,284.70	193.20	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	917.60	260.70	1,178.30	2,284.70	654.80	2,939.50
POLK							
	HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
3	HUMANA - WESTERN	917.60	264.40	1,182.00	2,284.70	661.40	2,946.10
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	917.60	77.10	994.70	2,284.70	193.20	2,477.90
3	STANDARD PLAN - DANE	917.60	178.50	1,096.10	2,284.70	449.30	2,734.00
PORTAGE							
*	ARISE ASPIRUS	826.88	141.72	968.60	2,057.90	354.70	2,412.60
	HEALTHPARTNERS HEALTH PLAN	826.88	47.02	873.90	2,057.90	118.00	2,175.90
3	SECURITY HEALTH PLAN	826.88	186.62	1,013.50	2,057.90	467.00	2,524.90
	WEA TRUST - EAST	787.50	-	787.50	1,959.90	-	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	826.88	351.42	1,178.30	2,057.90	881.60	2,939.50
PRICE							
3	GHC OF EAU CLAIRE	832.13	148.47	980.60	2,073.02	369.58	2,442.60
*	HEALTHPARTNERS HEALTH PLAN	832.13	41.77	873.90	2,073.02	102.88	2,175.90
3	SECURITY HEALTH PLAN	832.13	181.37	1,013.50	2,073.02	451.88	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	832.13	346.17	1,178.30	2,073.02	866.48	2,939.50
	STATE MAINTENANCE PLAN	792.50	-	792.50	1,974.30	-	1,974.30

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IYC Local Deductible w/Dental Option - 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
RACINE								
		ANTHEM BLUE PREFERRED SOUTHEAST	769.00	-	769.00	1,913.60	-	1,913.60
	*	ARISE HEALTH PLAN	807.45	204.35	1,011.80	2,009.28	511.32	2,520.60
	3	HUMANA - EASTERN	807.45	324.05	1,131.50	2,009.28	810.62	2,819.90
	* ^	NETWORK HEALTH SOUTHEAST	781.50	-	781.50	1,944.90	-	1,944.90
		UNITEDHEALTHCARE OF WISCONSIN	807.45	62.55	870.00	2,009.28	156.82	2,166.10
	3	STANDARD PLAN - WAUKESHA	807.45	370.85	1,178.30	2,009.28	930.22	2,939.50
RICHLAND								
		DEAN HEALTH INSURANCE	692.27	21.03	713.30	1,721.37	53.03	1,774.40
		GUNDERSEN HEALTH PLAN	692.27	82.73	775.00	1,721.37	207.23	1,928.60
		HEALTH TRADITION HEALTH PLAN	681.90	-	681.90	1,695.90	-	1,695.90
		PHYSICIANS PLUS	692.27	0.93	693.20	1,721.37	2.73	1,724.10
		UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
	3	STANDARD PLAN - BALANCE OF STATE	692.27	486.03	1,178.30	1,721.37	1,218.13	2,939.50
ROCK								
		ANTHEM BLUE PREFERRED SOUTHEAST	692.27	76.73	769.00	1,721.37	192.23	1,913.60
		DEAN HEALTH INSURANCE	692.27	21.03	713.30	1,721.37	53.03	1,774.40
	3 *	HUMANA - EASTERN	692.27	439.23	1,131.50	1,721.37	1,098.53	2,819.90
		MERCYCARE HEALTH PLANS	674.60	-	674.60	1,677.60	-	1,677.60
	*	PHYSICIANS PLUS	692.27	0.93	693.20	1,721.37	2.73	1,724.10
		UNITEDHEALTHCARE OF WISCONSIN	692.27	177.73	870.00	1,721.37	444.73	2,166.10
		UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
		WEA TRUST - EAST	692.27	95.23	787.50	1,721.37	238.53	1,959.90
	3	STANDARD PLAN - BALANCE OF STATE	692.27	486.03	1,178.30	1,721.37	1,218.13	2,939.50
RUSK								
	*	HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
	3	SECURITY HEALTH PLAN	1,013.50	-	1,013.50	2,524.90	-	2,524.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	994.70	-	994.70	2,477.90	-	2,477.90
	3	STANDARD PLAN - BALANCE OF STATE	1,044.44	133.86	1,178.30	2,601.80	337.70	2,939.50
SAUK								
		DEAN HEALTH INSURANCE	692.27	21.03	713.30	1,721.37	53.03	1,774.40
	*	GHC OF SOUTH CENTRAL WISCONSIN	640.30	-	640.30	1,591.90	-	1,591.90
		GUNDERSEN HEALTH PLAN	692.27	82.73	775.00	1,721.37	207.23	1,928.60
	*	HEALTH TRADITION HEALTH PLAN	681.90	-	681.90	1,695.90	-	1,695.90
		PHYSICIANS PLUS	692.27	0.93	693.20	1,721.37	2.73	1,724.10
		UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
	3	STANDARD PLAN - BALANCE OF STATE	692.27	486.03	1,178.30	1,721.37	1,218.13	2,939.50
SAWYER								
	3	GHC OF EAU CLAIRE	917.60	63.00	980.60	2,284.70	157.90	2,442.60
		HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
	3	SECURITY HEALTH PLAN	917.60	95.90	1,013.50	2,284.70	240.20	2,524.90
	3	STANDARD PLAN - BALANCE OF STATE	917.60	260.70	1,178.30	2,284.70	654.80	2,939.50

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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
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	726.50	285.30	1,011.80	1,806.95	713.65	2,520.60
3 *	HUMANA - EASTERN	726.50	405.00	1,131.50	1,806.95	1,012.95	2,819.90
	NETWORK HEALTH NORTHEAST	726.50	7.80	734.30	1,806.95	19.95	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	726.50	143.50	870.00	1,806.95	359.15	2,166.10
	WEA TRUST - EAST	726.50	61.00	787.50	1,806.95	152.95	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	726.50	451.80	1,178.30	1,806.95	1,132.55	2,939.50
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	725.76	286.04	1,011.80	1,805.06	715.54	2,520.60
	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
3	HUMANA - EASTERN	725.76	405.74	1,131.50	1,805.06	1,014.84	2,819.90
	NETWORK HEALTH NORTHEAST	725.76	8.54	734.30	1,805.06	21.84	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	725.76	144.24	870.00	1,805.06	361.04	2,166.10
	WEA TRUST - EAST	725.76	61.74	787.50	1,805.06	154.84	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	725.76	452.54	1,178.30	1,805.06	1,134.44	2,939.50
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
3	HUMANA - WESTERN	917.60	264.40	1,182.00	2,284.70	661.40	2,946.10
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	917.60	77.10	994.70	2,284.70	193.20	2,477.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	917.60	77.10	994.70	2,284.70	193.20	2,477.90
3	STANDARD PLAN - DANE	917.60	178.50	1,096.10	2,284.70	449.30	2,734.00
TAYLOR							
	ARISE ASPIRUS	968.60	-	968.60	2,412.60	-	2,412.60
3	GHC OF EAU CLAIRE	980.60	-	980.60	2,442.60	-	2,442.60
*	HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
3	SECURITY HEALTH PLAN	1,013.50	-	1,013.50	2,524.90	-	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	1,017.03	161.27	1,178.30	2,533.23	406.27	2,939.50
TREMPEALEAU							
	GUNDERSEN HEALTH PLAN	775.00	-	775.00	1,928.60	-	1,928.60
*	HEALTH TRADITION HEALTH PLAN	681.90	-	681.90	1,695.90	-	1,695.90
*	HEALTHPARTNERS HEALTH PLAN	813.75	60.15	873.90	2,025.03	150.87	2,175.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	813.75	180.95	994.70	2,025.03	452.87	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	813.75	364.55	1,178.30	2,025.03	914.47	2,939.50
VERNON							
*	DEAN HEALTH INSURANCE	692.27	21.03	713.30	1,721.37	53.03	1,774.40
	GUNDERSEN HEALTH PLAN	692.27	82.73	775.00	1,721.37	207.23	1,928.60
	HEALTH TRADITION HEALTH PLAN	681.90	-	681.90	1,695.90	-	1,695.90
	HEALTHPARTNERS HEALTH PLAN	692.27	181.63	873.90	1,721.37	454.53	2,175.90
*	PHYSICIANS PLUS	692.27	0.93	693.20	1,721.37	2.73	1,724.10
	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
3	STANDARD PLAN - BALANCE OF STATE	692.27	486.03	1,178.30	1,721.37	1,218.13	2,939.50

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
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IYC Local Deductible w/Dental Option - 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
VILAS							
*	ARISE ASPIRUS	832.13	136.47	968.60	2,073.02	339.58	2,412.60
3	GHC OF EAU CLAIRE	832.13	148.47	980.60	2,073.02	369.58	2,442.60
*	HEALTHPARTNERS HEALTH PLAN	832.13	41.77	873.90	2,073.02	102.88	2,175.90
3	SECURITY HEALTH PLAN	832.13	181.37	1,013.50	2,073.02	451.88	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	832.13	346.17	1,178.30	2,073.02	866.48	2,939.50
	STATE MAINTENANCE PLAN	792.50	-	792.50	1,974.30	-	1,974.30
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	692.27	76.73	769.00	1,721.37	192.23	1,913.60
	ARISE HEALTH PLAN	692.27	319.53	1,011.80	1,721.37	799.23	2,520.60
*	DEAN HEALTH INSURANCE	692.27	21.03	713.30	1,721.37	53.03	1,774.40
3	HUMANA - EASTERN	692.27	439.23	1,131.50	1,721.37	1,098.53	2,819.90
	MERCYCARE HEALTH PLANS	674.60	-	674.60	1,677.60	-	1,677.60
*	PHYSICIANS PLUS	692.27	0.93	693.20	1,721.37	2.73	1,724.10
	UNITEDHEALTHCARE OF WISCONSIN	692.27	177.73	870.00	1,721.37	444.73	2,166.10
	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
	WEA TRUST - EAST	692.27	95.23	787.50	1,721.37	238.53	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	692.27	486.03	1,178.30	1,721.37	1,218.13	2,939.50
WASHBURN							
3	GHC OF EAU CLAIRE	917.60	63.00	980.60	2,284.70	157.90	2,442.60
	HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
3	SECURITY HEALTH PLAN	917.60	95.90	1,013.50	2,284.70	240.20	2,524.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	917.60	77.10	994.70	2,284.70	193.20	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	917.60	260.70	1,178.30	2,284.70	654.80	2,939.50
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	769.00	-	769.00	1,913.60	-	1,913.60
	ARISE HEALTH PLAN	807.45	204.35	1,011.80	2,009.28	511.32	2,520.60
3	HUMANA - EASTERN	807.45	324.05	1,131.50	2,009.28	810.62	2,819.90
* ^	NETWORK HEALTH SOUTHEAST	781.50	-	781.50	1,944.90	-	1,944.90
	UNITEDHEALTHCARE OF WISCONSIN	807.45	62.55	870.00	2,009.28	156.82	2,166.10
	WEA TRUST - EAST	787.50	-	787.50	1,959.90	-	1,959.90
3	STANDARD PLAN - WAUKESHA	807.45	370.85	1,178.30	2,009.28	930.22	2,939.50
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	692.27	76.73	769.00	1,721.37	192.23	1,913.60
	ARISE HEALTH PLAN	692.27	319.53	1,011.80	1,721.37	799.23	2,520.60
	DEAN HEALTH INSURANCE	692.27	21.03	713.30	1,721.37	53.03	1,774.40
3	HUMANA - EASTERN	692.27	439.23	1,131.50	1,721.37	1,098.53	2,819.90
* ^	NETWORK HEALTH SOUTHEAST	692.27	89.23	781.50	1,721.37	223.53	1,944.90
*	PHYSICIANS PLUS	692.27	0.93	693.20	1,721.37	2.73	1,724.10
	UNITEDHEALTHCARE OF WISCONSIN	692.27	177.73	870.00	1,721.37	444.73	2,166.10
	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
	WEA TRUST - EAST	692.27	95.23	787.50	1,721.37	238.53	1,959.90
3	STANDARD PLAN - WAUKESHA	692.27	486.03	1,178.30	1,721.37	1,218.13	2,939.50

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IYC Local Deductible w/Dental Option - 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
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	726.50	285.30	1,011.80	1,806.95	713.65	2,520.60
3	HUMANA - EASTERN	726.50	405.00	1,131.50	1,806.95	1,012.95	2,819.90
	NETWORK HEALTH NORTHEAST	726.50	7.80	734.30	1,806.95	19.95	1,826.90
3	SECURITY HEALTH PLAN	726.50	287.00	1,013.50	1,806.95	717.95	2,524.90
	UNITEDHEALTHCARE OF WISCONSIN	726.50	143.50	870.00	1,806.95	359.15	2,166.10
	WEA TRUST - EAST	726.50	61.00	787.50	1,806.95	152.95	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	726.50	451.80	1,178.30	1,806.95	1,132.55	2,939.50
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
*	ARISE HEALTH PLAN	726.50	285.30	1,011.80	1,806.95	713.65	2,520.60
3	HUMANA - EASTERN	726.50	405.00	1,131.50	1,806.95	1,012.95	2,819.90
	NETWORK HEALTH NORTHEAST	726.50	7.80	734.30	1,806.95	19.95	1,826.90
	PHYSICIANS PLUS	693.20	-	693.20	1,724.10	-	1,724.10
3	SECURITY HEALTH PLAN	726.50	287.00	1,013.50	1,806.95	717.95	2,524.90
	UNITEDHEALTHCARE OF WISCONSIN	726.50	143.50	870.00	1,806.95	359.15	2,166.10
	WEA TRUST - EAST	726.50	61.00	787.50	1,806.95	152.95	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	726.50	451.80	1,178.30	1,806.95	1,132.55	2,939.50
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	726.50	285.30	1,011.80	1,806.95	713.65	2,520.60
3	HUMANA - EASTERN	726.50	405.00	1,131.50	1,806.95	1,012.95	2,819.90
	NETWORK HEALTH NORTHEAST	726.50	7.80	734.30	1,806.95	19.95	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	726.50	143.50	870.00	1,806.95	359.15	2,166.10
	WEA TRUST - EAST	726.50	61.00	787.50	1,806.95	152.95	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	726.50	451.80	1,178.30	1,806.95	1,132.55	2,939.50
WOOD							
	ARISE ASPIRUS	968.60	-	968.60	2,412.60	-	2,412.60
*	HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
*	PHYSICIANS PLUS	693.20	-	693.20	1,724.10	-	1,724.10
3	SECURITY HEALTH PLAN	1,013.50	-	1,013.50	2,524.90	-	2,524.90
*	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
*	WEA TRUST - EAST	787.50	-	787.50	1,959.90	-	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	1,017.03	161.27	1,178.30	2,533.23	406.27	2,939.50