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 Deductible w/Dental Option - P04

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	627.73	85.57	713.30	1,561.52	212.88	1,774.40
	PHYSICIANS PLUS	627.73	65.47	693.20	1,561.52	162.58	1,724.10
3	SECURITY HEALTH PLAN	627.73	385.77	1,013.50	1,561.52	963.38	2,524.90
	UNITY HEALTH INSURANCE - COMMUNITY	627.73	31.57	659.30	1,561.52	77.88	1,639.40
	WEA TRUST - EAST	627.73	159.77	787.50	1,561.52	398.38	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	627.73	550.57	1,178.30	1,561.52	1,377.98	2,939.50
ASHLAND							
3	GHC OF EAU CLAIRE	822.18	158.42	980.60	2,047.67	394.93	2,442.60
	HEALTHPARTNERS HEALTH PLAN	822.18	51.72	873.90	2,047.67	128.23	2,175.90
3	SECURITY HEALTH PLAN	822.18	191.32	1,013.50	2,047.67	477.23	2,524.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	822.18	172.52	994.70	2,047.67	430.23	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	822.18	356.12	1,178.30	2,047.67	891.83	2,939.50
BARRON							
	HEALTHPARTNERS HEALTH PLAN	839.90	34.00	873.90	2,091.97	83.93	2,175.90
3	HUMANA - WESTERN	839.90	342.10	1,182.00	2,091.97	854.13	2,946.10
3	SECURITY HEALTH PLAN	839.90	173.60	1,013.50	2,091.97	432.93	2,524.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	839.90	154.80	994.70	2,091.97	385.93	2,477.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	839.90	154.80	994.70	2,091.97	385.93	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	839.90	338.40	1,178.30	2,091.97	847.53	2,939.50
BAYFIELD							
3 *	GHC OF EAU CLAIRE	697.40	283.20	980.60	1,737.38	705.22	2,442.60
3 *	SECURITY HEALTH PLAN	697.40	316.10	1,013.50	1,737.38	787.52	2,524.90
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	697.40	297.30	994.70	1,737.38	740.52	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	697.40	480.90	1,178.30	1,737.38	1,202.12	2,939.50
	STATE MAINTENANCE PLAN	697.40	95.10	792.50	1,737.38	236.92	1,974.30
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	702.05	309.75	1,011.80	1,747.31	773.29	2,520.60
	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
3	HUMANA - EASTERN	702.05	429.45	1,131.50	1,747.31	1,072.59	2,819.90
	NETWORK HEALTH NORTHEAST	702.05	32.25	734.30	1,747.31	79.59	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	702.05	167.95	870.00	1,747.31	418.79	2,166.10
	WEA TRUST - EAST	702.05	85.45	787.50	1,747.31	212.59	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	702.05	476.25	1,178.30	1,747.31	1,192.19	2,939.50
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	681.90	-	681.90	1,695.90	-	1,695.90
3	STANDARD PLAN - BALANCE OF STATE	697.40	480.90	1,178.30	1,737.38	1,202.12	2,939.50
	STATE MAINTENANCE PLAN	697.40	95.10	792.50	1,737.38	236.92	1,974.30
BURNETT							
3	GHC OF EAU CLAIRE	769.03	211.57	980.60	1,914.79	527.81	2,442.60
	HEALTHPARTNERS HEALTH PLAN	769.03	104.87	873.90	1,914.79	261.11	2,175.90
3	SECURITY HEALTH PLAN	769.03	244.47	1,013.50	1,914.79	610.11	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	769.03	409.27	1,178.30	1,914.79	1,024.71	2,939.50

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IYC Local Deductible w/Dental Option - P04

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	673.55	18.35	691.90	1,676.08	44.82	1,720.90
*	ARISE HEALTH PLAN	673.55	338.25	1,011.80	1,676.08	844.52	2,520.60
3 *	HUMANA - EASTERN	673.55	457.95	1,131.50	1,676.08	1,143.82	2,819.90
	NETWORK HEALTH NORTHEAST	673.55	60.75	734.30	1,676.08	150.82	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	673.55	196.45	870.00	1,676.08	490.02	2,166.10
*	WEA TRUST - EAST	673.55	113.95	787.50	1,676.08	283.82	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	673.55	504.75	1,178.30	1,676.08	1,263.42	2,939.50
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	775.00	-	775.00	1,928.60	-	1,928.60
	HEALTHPARTNERS HEALTH PLAN	800.43	73.47	873.90	1,993.27	182.63	2,175.90
3	HUMANA - WESTERN	800.43	381.57	1,182.00	1,993.27	952.83	2,946.10
3	SECURITY HEALTH PLAN	800.43	213.07	1,013.50	1,993.27	531.63	2,524.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	800.43	194.27	994.70	1,993.27	484.63	2,477.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	800.43	194.27	994.70	1,993.27	484.63	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	800.43	377.87	1,178.30	1,993.27	946.23	2,939.50
CLARK							
*	ARISE ASPIRUS	775.46	193.14	968.60	1,930.84	481.76	2,412.60
3	GHC OF EAU CLAIRE	775.46	205.14	980.60	1,930.84	511.76	2,442.60
	GUNDERSEN HEALTH PLAN	775.00	-	775.00	1,928.60	-	1,928.60
	HEALTHPARTNERS HEALTH PLAN	775.46	98.44	873.90	1,930.84	245.06	2,175.90
3	SECURITY HEALTH PLAN	775.46	238.04	1,013.50	1,930.84	594.06	2,524.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	775.46	219.24	994.70	1,930.84	547.06	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	775.46	402.84	1,178.30	1,930.84	1,008.66	2,939.50
COLUMBIA							
	DEAN HEALTH INSURANCE	614.87	98.43	713.30	1,529.39	245.01	1,774.40
	GHC OF SOUTH CENTRAL WISCONSIN	614.87	25.43	640.30	1,529.39	62.51	1,591.90
	PHYSICIANS PLUS	614.87	78.33	693.20	1,529.39	194.71	1,724.10
	UNITY HEALTH INSURANCE - COMMUNITY	614.87	44.43	659.30	1,529.39	110.01	1,639.40
	WEA TRUST - EAST	614.87	172.63	787.50	1,529.39	430.51	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	614.87	563.43	1,178.30	1,529.39	1,410.11	2,939.50
CRAWFORD							
	GUNDERSEN HEALTH PLAN	654.52	120.48	775.00	1,628.51	300.09	1,928.60
	HEALTH TRADITION HEALTH PLAN	654.52	27.38	681.90	1,628.51	67.39	1,695.90
	HEALTHPARTNERS HEALTH PLAN	654.52	219.38	873.90	1,628.51	547.39	2,175.90
	MEDICAL ASSOCIATES HEALTH PLANS	644.30	-	644.30	1,601.90	-	1,601.90
*	UNITY HEALTH INSURANCE - COMMUNITY	654.52	4.78	659.30	1,628.51	10.89	1,639.40
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	654.52	340.18	994.70	1,628.51	849.39	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	654.52	523.78	1,178.30	1,628.51	1,310.99	2,939.50
DANE							
	DEAN HEALTH INSURANCE	573.94	139.36	713.30	1,427.03	347.37	1,774.40
	GHC OF SOUTH CENTRAL WISCONSIN	573.94	66.36	640.30	1,427.03	164.87	1,591.90
	PHYSICIANS PLUS	573.94	119.26	693.20	1,427.03	297.07	1,724.10
	UNITY HEALTH INSURANCE - UW HEALTH	573.94	31.66	605.60	1,427.03	78.07	1,505.10
	WEA TRUST - SOUTH CENTRAL	573.94	34.66	608.60	1,427.03	85.57	1,512.60
3	STANDARD PLAN - DANE	573.94	522.16	1,096.10	1,427.03	1,306.97	2,734.00

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IYC Local Deductible w/Dental Option - P04

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
DODGE								
		ANTHEM BLUE PREFERRED SOUTHEAST	657.06	111.94	769.00	1,634.84	278.76	1,913.60
	*	ARISE HEALTH PLAN	657.06	354.74	1,011.80	1,634.84	885.76	2,520.60
		DEAN HEALTH INSURANCE	657.06	56.24	713.30	1,634.84	139.56	1,774.40
	3	HUMANA - EASTERN	657.06	474.44	1,131.50	1,634.84	1,185.06	2,819.90
		NETWORK HEALTH NORTHEAST	657.06	77.24	734.30	1,634.84	192.06	1,826.90
		PHYSICIANS PLUS	657.06	36.14	693.20	1,634.84	89.26	1,724.10
		UNITEDHEALTHCARE OF WISCONSIN	657.06	212.94	870.00	1,634.84	531.26	2,166.10
		UNITY HEALTH INSURANCE - COMMUNITY	657.06	2.24	659.30	1,634.84	4.56	1,639.40
		WEA TRUST - EAST	657.06	130.44	787.50	1,634.84	325.06	1,959.90
	3	STANDARD PLAN - BALANCE OF STATE	657.06	521.24	1,178.30	1,634.84	1,304.66	2,939.50
DOOR								
		ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
		ARISE HEALTH PLAN	720.81	290.99	1,011.80	1,794.21	726.39	2,520.60
	*	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
	3 *	HUMANA - EASTERN	720.81	410.69	1,131.50	1,794.21	1,025.69	2,819.90
		NETWORK HEALTH NORTHEAST	720.81	13.49	734.30	1,794.21	32.69	1,826.90
		UNITEDHEALTHCARE OF WISCONSIN	720.81	149.19	870.00	1,794.21	371.89	2,166.10
		WEA TRUST - EAST	720.81	66.69	787.50	1,794.21	165.69	1,959.90
	3	STANDARD PLAN - BALANCE OF STATE	720.81	457.49	1,178.30	1,794.21	1,145.29	2,939.50
DOUGLAS								
	3	GHC OF EAU CLAIRE	822.18	158.42	980.60	2,047.67	394.93	2,442.60
		HEALTHPARTNERS HEALTH PLAN	822.18	51.72	873.90	2,047.67	128.23	2,175.90
	3	SECURITY HEALTH PLAN	822.18	191.32	1,013.50	2,047.67	477.23	2,524.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	822.18	172.52	994.70	2,047.67	430.23	2,477.90
	3	STANDARD PLAN - BALANCE OF STATE	822.18	356.12	1,178.30	2,047.67	891.83	2,939.50
DUNN								
	3	HUMANA - WESTERN	875.34	306.66	1,182.00	2,180.55	765.55	2,946.10
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	875.34	119.36	994.70	2,180.55	297.35	2,477.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	875.34	119.36	994.70	2,180.55	297.35	2,477.90
	3	STANDARD PLAN - BALANCE OF STATE	875.34	302.96	1,178.30	2,180.55	758.95	2,939.50
EAU CLAIRE								
		GUNDERSEN HEALTH PLAN	775.00	-	775.00	1,928.60	-	1,928.60
		HEALTHPARTNERS HEALTH PLAN	800.43	73.47	873.90	1,993.27	182.63	2,175.90
	3	HUMANA - WESTERN	800.43	381.57	1,182.00	1,993.27	952.83	2,946.10
	3	SECURITY HEALTH PLAN	800.43	213.07	1,013.50	1,993.27	531.63	2,524.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	800.43	194.27	994.70	1,993.27	484.63	2,477.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	800.43	194.27	994.70	1,993.27	484.63	2,477.90
	3	STANDARD PLAN - BALANCE OF STATE	800.43	377.87	1,178.30	1,993.27	946.23	2,939.50
FLORENCE								
	*	ARISE ASPIRUS	697.40	271.20	968.60	1,737.38	675.22	2,412.60
	3	STANDARD PLAN - BALANCE OF STATE	697.40	480.90	1,178.30	1,737.38	1,202.12	2,939.50
		STATE MAINTENANCE PLAN	697.40	95.10	792.50	1,737.38	236.92	1,974.30

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IYC Local Deductible w/Dental Option - P04

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
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	686.49	5.41	691.90	1,708.42	12.48	1,720.90
	ARISE HEALTH PLAN	686.49	325.31	1,011.80	1,708.42	812.18	2,520.60
	DEAN HEALTH INSURANCE	686.49	26.81	713.30	1,708.42	65.98	1,774.40
3	HUMANA - EASTERN	686.49	445.01	1,131.50	1,708.42	1,111.48	2,819.90
	NETWORK HEALTH NORTHEAST	686.49	47.81	734.30	1,708.42	118.48	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	686.49	183.51	870.00	1,708.42	457.68	2,166.10
	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
3	STANDARD PLAN - BALANCE OF STATE	686.49	491.81	1,178.30	1,708.42	1,231.08	2,939.50
FOREST							
*	ARISE ASPIRUS	697.40	271.20	968.60	1,737.38	675.22	2,412.60
3 *	SECURITY HEALTH PLAN	697.40	316.10	1,013.50	1,737.38	787.52	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	697.40	480.90	1,178.30	1,737.38	1,202.12	2,939.50
	STATE MAINTENANCE PLAN	697.40	95.10	792.50	1,737.38	236.92	1,974.30
GRANT							
	DEAN HEALTH INSURANCE	613.38	99.92	713.30	1,525.64	248.76	1,774.40
	GUNDERSEN HEALTH PLAN	613.38	161.62	775.00	1,525.64	402.96	1,928.60
*	HEALTH TRADITION HEALTH PLAN	613.38	68.52	681.90	1,525.64	170.26	1,695.90
*	HEALTHPARTNERS HEALTH PLAN	613.38	260.52	873.90	1,525.64	650.26	2,175.90
	MEDICAL ASSOCIATES HEALTH PLANS	613.38	30.92	644.30	1,525.64	76.26	1,601.90
	PHYSICIANS PLUS	613.38	79.82	693.20	1,525.64	198.46	1,724.10
	UNITY HEALTH INSURANCE - COMMUNITY	613.38	45.92	659.30	1,525.64	113.76	1,639.40
3	STANDARD PLAN - DANE	613.38	482.72	1,096.10	1,525.64	1,208.36	2,734.00
GREEN							
	DEAN HEALTH INSURANCE	603.94	109.36	713.30	1,502.07	272.33	1,774.40
*	MERCYCARE HEALTH PLANS	603.94	70.66	674.60	1,502.07	175.53	1,677.60
	UNITY HEALTH INSURANCE - COMMUNITY	603.94	55.36	659.30	1,502.07	137.33	1,639.40
3	STANDARD PLAN - BALANCE OF STATE	603.94	574.36	1,178.30	1,502.07	1,437.43	2,939.50
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	678.41	13.49	691.90	1,688.24	32.66	1,720.90
*	ARISE HEALTH PLAN	678.41	333.39	1,011.80	1,688.24	832.36	2,520.60
*	DEAN HEALTH INSURANCE	678.41	34.89	713.30	1,688.24	86.16	1,774.40
3	HUMANA - EASTERN	678.41	453.09	1,131.50	1,688.24	1,131.66	2,819.90
	NETWORK HEALTH NORTHEAST	678.41	55.89	734.30	1,688.24	138.66	1,826.90
*	PHYSICIANS PLUS	678.41	14.79	693.20	1,688.24	35.86	1,724.10
	UNITEDHEALTHCARE OF WISCONSIN	678.41	191.59	870.00	1,688.24	477.86	2,166.10
	WEA TRUST - EAST	678.41	109.09	787.50	1,688.24	271.66	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	678.41	499.89	1,178.30	1,688.24	1,251.26	2,939.50
IOWA							
	DEAN HEALTH INSURANCE	596.22	117.08	713.30	1,482.76	291.64	1,774.40
	MEDICAL ASSOCIATES HEALTH PLANS	596.22	48.08	644.30	1,482.76	119.14	1,601.90
	PHYSICIANS PLUS	596.22	96.98	693.20	1,482.76	241.34	1,724.10
	UNITY HEALTH INSURANCE - COMMUNITY	596.22	63.08	659.30	1,482.76	156.64	1,639.40
3	STANDARD PLAN - BALANCE OF STATE	596.22	582.08	1,178.30	1,482.76	1,456.74	2,939.50

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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
IRON							
3 *	GHC OF EAU CLAIRE	697.40	283.20	980.60	1,737.38	705.22	2,442.60
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	697.40	297.30	994.70	1,737.38	740.52	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	697.40	480.90	1,178.30	1,737.38	1,202.12	2,939.50
	STATE MAINTENANCE PLAN	697.40	95.10	792.50	1,737.38	236.92	1,974.30
JACKSON							
	GUNDERSEN HEALTH PLAN	731.61	43.39	775.00	1,821.23	107.37	1,928.60
	HEALTH TRADITION HEALTH PLAN	681.90	-	681.90	1,695.90	-	1,695.90
	HEALTHPARTNERS HEALTH PLAN	731.61	142.29	873.90	1,821.23	354.67	2,175.90
3	SECURITY HEALTH PLAN	731.61	281.89	1,013.50	1,821.23	703.67	2,524.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	731.61	263.09	994.70	1,821.23	656.67	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	731.61	446.69	1,178.30	1,821.23	1,118.27	2,939.50
JEFFERSON							
	ANTHEM BLUE PREFERRED SOUTHEAST	642.31	126.69	769.00	1,597.96	315.64	1,913.60
	DEAN HEALTH INSURANCE	642.31	70.99	713.30	1,597.96	176.44	1,774.40
3	HUMANA - EASTERN	642.31	489.19	1,131.50	1,597.96	1,221.94	2,819.90
	MERCYCARE HEALTH PLANS	642.31	32.29	674.60	1,597.96	79.64	1,677.60
	PHYSICIANS PLUS	642.31	50.89	693.20	1,597.96	126.14	1,724.10
	UNITEDHEALTHCARE OF WISCONSIN	642.31	227.69	870.00	1,597.96	568.14	2,166.10
	UNITY HEALTH INSURANCE - COMMUNITY	642.31	16.99	659.30	1,597.96	41.44	1,639.40
3	STANDARD PLAN - DANE	642.31	453.79	1,096.10	1,597.96	1,136.04	2,734.00
JUNEAU							
*	ARISE ASPIRUS	633.05	335.55	968.60	1,574.83	837.77	2,412.60
*	DEAN HEALTH INSURANCE	633.05	80.25	713.30	1,574.83	199.57	1,774.40
	GUNDERSEN HEALTH PLAN	633.05	141.95	775.00	1,574.83	353.77	1,928.60
	HEALTH TRADITION HEALTH PLAN	633.05	48.85	681.90	1,574.83	121.07	1,695.90
	PHYSICIANS PLUS	633.05	60.15	693.20	1,574.83	149.27	1,724.10
3	SECURITY HEALTH PLAN	633.05	380.45	1,013.50	1,574.83	950.07	2,524.90
	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
	WEA TRUST - EAST	633.05	154.45	787.50	1,574.83	385.07	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	633.05	545.25	1,178.30	1,574.83	1,364.67	2,939.50
KENOSHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	769.00	-	769.00	1,913.60	-	1,913.60
	ARISE HEALTH PLAN	777.57	234.23	1,011.80	1,936.09	584.51	2,520.60
3	HUMANA - EASTERN	777.57	353.93	1,131.50	1,936.09	883.81	2,819.90
	UNITEDHEALTHCARE OF WISCONSIN	777.57	92.43	870.00	1,936.09	230.01	2,166.10
3	STANDARD PLAN - WAUKESHA	777.57	400.73	1,178.30	1,936.09	1,003.41	2,939.50
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	739.46	272.34	1,011.80	1,840.85	679.75	2,520.60
*	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
*	NETWORK HEALTH NORTHEAST	734.30	-	734.30	1,826.90	-	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	739.46	130.54	870.00	1,840.85	325.25	2,166.10
	WEA TRUST - EAST	739.46	48.04	787.50	1,840.85	119.05	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	739.46	438.84	1,178.30	1,840.85	1,098.65	2,939.50

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 Deductible w/Dental Option - P04

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	731.61	43.39	775.00	1,821.23	107.37	1,928.60
	HEALTH TRADITION HEALTH PLAN	681.90	-	681.90	1,695.90	-	1,695.90
	HEALTHPARTNERS HEALTH PLAN	731.61	142.29	873.90	1,821.23	354.67	2,175.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	731.61	263.09	994.70	1,821.23	656.67	2,477.90
3	STANDARD PLAN - DANE	731.61	364.49	1,096.10	1,821.23	912.77	2,734.00
LAFAYETTE							
*	DEAN HEALTH INSURANCE	610.02	103.28	713.30	1,517.21	257.19	1,774.40
*	MEDICAL ASSOCIATES HEALTH PLANS	610.02	34.28	644.30	1,517.21	84.69	1,601.90
	PHYSICIANS PLUS	610.02	83.18	693.20	1,517.21	206.89	1,724.10
*	UNITY HEALTH INSURANCE - COMMUNITY	610.02	49.28	659.30	1,517.21	122.19	1,639.40
3	STANDARD PLAN - BALANCE OF STATE	610.02	568.28	1,178.30	1,517.21	1,422.29	2,939.50
LANGLADE							
	ARISE ASPIRUS	852.37	116.23	968.60	2,123.09	289.51	2,412.60
3	GHC OF EAU CLAIRE	852.37	128.23	980.60	2,123.09	319.51	2,442.60
*	HEALTHPARTNERS HEALTH PLAN	852.37	21.53	873.90	2,123.09	52.81	2,175.90
3	SECURITY HEALTH PLAN	852.37	161.13	1,013.50	2,123.09	401.81	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	852.37	325.93	1,178.30	2,123.09	816.41	2,939.50
LINCOLN							
*	ARISE ASPIRUS	769.03	199.57	968.60	1,914.79	497.81	2,412.60
3	GHC OF EAU CLAIRE	769.03	211.57	980.60	1,914.79	527.81	2,442.60
	HEALTHPARTNERS HEALTH PLAN	769.03	104.87	873.90	1,914.79	261.11	2,175.90
3	SECURITY HEALTH PLAN	769.03	244.47	1,013.50	1,914.79	610.11	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	769.03	409.27	1,178.30	1,914.79	1,024.71	2,939.50
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	702.05	309.75	1,011.80	1,747.31	773.29	2,520.60
	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
3	HUMANA - EASTERN	702.05	429.45	1,131.50	1,747.31	1,072.59	2,819.90
	NETWORK HEALTH NORTHEAST	702.05	32.25	734.30	1,747.31	79.59	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	702.05	167.95	870.00	1,747.31	418.79	2,166.10
	WEA TRUST - EAST	702.05	85.45	787.50	1,747.31	212.59	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	702.05	476.25	1,178.30	1,747.31	1,192.19	2,939.50
MARATHON							
	ARISE ASPIRUS	771.47	197.13	968.60	1,920.86	491.74	2,412.60
3	GHC OF EAU CLAIRE	771.47	209.13	980.60	1,920.86	521.74	2,442.60
	HEALTHPARTNERS HEALTH PLAN	771.47	102.43	873.90	1,920.86	255.04	2,175.90
3	SECURITY HEALTH PLAN	771.47	242.03	1,013.50	1,920.86	604.04	2,524.90
	WEA TRUST - EAST	771.47	16.03	787.50	1,920.86	39.04	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	771.47	406.83	1,178.30	1,920.86	1,018.64	2,939.50
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	754.95	256.85	1,011.80	1,879.56	641.04	2,520.60
*	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
3	HUMANA - EASTERN	754.95	376.55	1,131.50	1,879.56	940.34	2,819.90
	UNITEDHEALTHCARE OF WISCONSIN	754.95	115.05	870.00	1,879.56	286.54	2,166.10
3	STANDARD PLAN - BALANCE OF STATE	754.95	423.35	1,178.30	1,879.56	1,059.94	2,939.50

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IYC Local Deductible w/Dental Option - P04

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	651.51	61.79	713.30	1,620.96	153.44	1,774.40
*	NETWORK HEALTH NORTHEAST	651.51	82.79	734.30	1,620.96	205.94	1,826.90
	PHYSICIANS PLUS	651.51	41.69	693.20	1,620.96	103.14	1,724.10
*	UNITEDHEALTHCARE OF WISCONSIN	651.51	218.49	870.00	1,620.96	545.14	2,166.10
*	UNITY HEALTH INSURANCE - COMMUNITY	651.51	7.79	659.30	1,620.96	18.44	1,639.40
	WEA TRUST - EAST	651.51	135.99	787.50	1,620.96	338.94	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	651.51	526.79	1,178.30	1,620.96	1,318.54	2,939.50
MENOMINEE							
*	WEA TRUST - EAST	697.40	90.10	787.50	1,737.38	222.52	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	697.40	480.90	1,178.30	1,737.38	1,202.12	2,939.50
	STATE MAINTENANCE PLAN	697.40	95.10	792.50	1,737.38	236.92	1,974.30
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	756.43	12.57	769.00	1,883.24	30.36	1,913.60
	ARISE HEALTH PLAN	756.43	255.37	1,011.80	1,883.24	637.36	2,520.60
3	HUMANA - EASTERN	756.43	375.07	1,131.50	1,883.24	936.66	2,819.90
* ^	NETWORK HEALTH SOUTHEAST	756.43	25.07	781.50	1,883.24	61.66	1,944.90
	UNITEDHEALTHCARE OF WISCONSIN	756.43	113.57	870.00	1,883.24	282.86	2,166.10
	WEA TRUST - EAST	756.43	31.07	787.50	1,883.24	76.66	1,959.90
3	STANDARD PLAN - MILWAUKEE	756.43	514.17	1,270.60	1,883.24	1,286.96	3,170.20
MONROE							
	GUNDERSEN HEALTH PLAN	683.70	91.30	775.00	1,701.45	227.15	1,928.60
	HEALTH TRADITION HEALTH PLAN	681.90	-	681.90	1,695.90	-	1,695.90
	HEALTHPARTNERS HEALTH PLAN	683.70	190.20	873.90	1,701.45	474.45	2,175.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	683.70	311.00	994.70	1,701.45	776.45	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	683.70	494.60	1,178.30	1,701.45	1,238.05	2,939.50
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	689.34	2.56	691.90	1,715.54	5.36	1,720.90
	ARISE HEALTH PLAN	689.34	322.46	1,011.80	1,715.54	805.06	2,520.60
	DEAN HEALTH INSURANCE - PREVEA360	689.34	1.86	691.20	1,715.54	3.56	1,719.10
3	HUMANA - EASTERN	689.34	442.16	1,131.50	1,715.54	1,104.36	2,819.90
	NETWORK HEALTH NORTHEAST	689.34	44.96	734.30	1,715.54	111.36	1,826.90
*	UNITEDHEALTHCARE OF WISCONSIN	689.34	180.66	870.00	1,715.54	450.56	2,166.10
	WEA TRUST - EAST	689.34	98.16	787.50	1,715.54	244.36	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	689.34	488.96	1,178.30	1,715.54	1,223.96	2,939.50
ONEIDA							
*	ARISE ASPIRUS	769.03	199.57	968.60	1,914.79	497.81	2,412.60
3	GHC OF EAU CLAIRE	769.03	211.57	980.60	1,914.79	527.81	2,442.60
	HEALTHPARTNERS HEALTH PLAN	769.03	104.87	873.90	1,914.79	261.11	2,175.90
3	SECURITY HEALTH PLAN	769.03	244.47	1,013.50	1,914.79	610.11	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	769.03	409.27	1,178.30	1,914.79	1,024.71	2,939.50

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible w/Dental Option - P04

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	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	720.81	290.99	1,011.80	1,794.21	726.39	2,520.60
*	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
3	HUMANA - EASTERN	720.81	410.69	1,131.50	1,794.21	1,025.69	2,819.90
	NETWORK HEALTH NORTHEAST	720.81	13.49	734.30	1,794.21	32.69	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	720.81	149.19	870.00	1,794.21	371.89	2,166.10
	WEA TRUST - EAST	720.81	66.69	787.50	1,794.21	165.69	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	720.81	457.49	1,178.30	1,794.21	1,145.29	2,939.50
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	756.43	12.57	769.00	1,883.24	30.36	1,913.60
	ARISE HEALTH PLAN	756.43	255.37	1,011.80	1,883.24	637.36	2,520.60
3	HUMANA - EASTERN	756.43	375.07	1,131.50	1,883.24	936.66	2,819.90
* ^	NETWORK HEALTH SOUTHEAST	756.43	25.07	781.50	1,883.24	61.66	1,944.90
	UNITEDHEALTHCARE OF WISCONSIN	756.43	113.57	870.00	1,883.24	282.86	2,166.10
	WEA TRUST - EAST	756.43	31.07	787.50	1,883.24	76.66	1,959.90
3	STANDARD PLAN - WAUKESHA	756.43	421.87	1,178.30	1,883.24	1,056.26	2,939.50
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	697.40	176.50	873.90	1,737.38	438.52	2,175.90
3 *	SECURITY HEALTH PLAN	697.40	316.10	1,013.50	1,737.38	787.52	2,524.90
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	697.40	297.30	994.70	1,737.38	740.52	2,477.90
3	STANDARD PLAN - WAUKESHA	697.40	480.90	1,178.30	1,737.38	1,202.12	2,939.50
	STATE MAINTENANCE PLAN	697.40	95.10	792.50	1,737.38	236.92	1,974.30
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	822.18	51.72	873.90	2,047.67	128.23	2,175.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	822.18	172.52	994.70	2,047.67	430.23	2,477.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	822.18	172.52	994.70	2,047.67	430.23	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	822.18	356.12	1,178.30	2,047.67	891.83	2,939.50
POLK							
	HEALTHPARTNERS HEALTH PLAN	822.18	51.72	873.90	2,047.67	128.23	2,175.90
3	HUMANA - WESTERN	822.18	359.82	1,182.00	2,047.67	898.43	2,946.10
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	822.18	172.52	994.70	2,047.67	430.23	2,477.90
3	STANDARD PLAN - DANE	822.18	273.92	1,096.10	2,047.67	686.33	2,734.00
PORTAGE							
*	ARISE ASPIRUS	731.02	237.58	968.60	1,819.75	592.85	2,412.60
	HEALTHPARTNERS HEALTH PLAN	731.02	142.88	873.90	1,819.75	356.15	2,175.90
3	SECURITY HEALTH PLAN	731.02	282.48	1,013.50	1,819.75	705.15	2,524.90
	WEA TRUST - EAST	731.02	56.48	787.50	1,819.75	140.15	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	731.02	447.28	1,178.30	1,819.75	1,119.75	2,939.50
PRICE							
3	GHC OF EAU CLAIRE	697.40	283.20	980.60	1,737.38	705.22	2,442.60
*	HEALTHPARTNERS HEALTH PLAN	697.40	176.50	873.90	1,737.38	438.52	2,175.90
3 *	SECURITY HEALTH PLAN	697.40	316.10	1,013.50	1,737.38	787.52	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	697.40	480.90	1,178.30	1,737.38	1,202.12	2,939.50
	STATE MAINTENANCE PLAN	697.40	95.10	792.50	1,737.38	236.92	1,974.30

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible w/Dental Option - P04

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
RACINE							
	ANTHEM BLUE PREFERRED SOUTHEAST	721.16	47.84	769.00	1,795.07	118.53	1,913.60
*	ARISE HEALTH PLAN	721.16	290.64	1,011.80	1,795.07	725.53	2,520.60
3	HUMANA - EASTERN	721.16	410.34	1,131.50	1,795.07	1,024.83	2,819.90
* ^	NETWORK HEALTH SOUTHEAST	721.16	60.34	781.50	1,795.07	149.83	1,944.90
	UNITEDHEALTHCARE OF WISCONSIN	721.16	148.84	870.00	1,795.07	371.03	2,166.10
3	STANDARD PLAN - WAUKESHA	721.16	457.14	1,178.30	1,795.07	1,144.43	2,939.50
RICHLAND							
	DEAN HEALTH INSURANCE	620.00	93.30	713.30	1,542.18	232.22	1,774.40
	GUNDERSEN HEALTH PLAN	620.00	155.00	775.00	1,542.18	386.42	1,928.60
	HEALTH TRADITION HEALTH PLAN	620.00	61.90	681.90	1,542.18	153.72	1,695.90
	PHYSICIANS PLUS	620.00	73.20	693.20	1,542.18	181.92	1,724.10
	UNITY HEALTH INSURANCE - COMMUNITY	620.00	39.30	659.30	1,542.18	97.22	1,639.40
3	STANDARD PLAN - BALANCE OF STATE	620.00	558.30	1,178.30	1,542.18	1,397.32	2,939.50
ROCK							
	ANTHEM BLUE PREFERRED SOUTHEAST	656.14	112.86	769.00	1,632.55	281.05	1,913.60
	DEAN HEALTH INSURANCE	656.14	57.16	713.30	1,632.55	141.85	1,774.40
3 *	HUMANA - EASTERN	656.14	475.36	1,131.50	1,632.55	1,187.35	2,819.90
	MERCYCARE HEALTH PLANS	656.14	18.46	674.60	1,632.55	45.05	1,677.60
*	PHYSICIANS PLUS	656.14	37.06	693.20	1,632.55	91.55	1,724.10
	UNITEDHEALTHCARE OF WISCONSIN	656.14	213.86	870.00	1,632.55	533.55	2,166.10
	UNITY HEALTH INSURANCE - COMMUNITY	656.14	3.16	659.30	1,632.55	6.85	1,639.40
	WEA TRUST - EAST	656.14	131.36	787.50	1,632.55	327.35	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	656.14	522.16	1,178.30	1,632.55	1,306.95	2,939.50
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	873.90	-	873.90	2,175.90	-	2,175.90
3	SECURITY HEALTH PLAN	875.34	138.16	1,013.50	2,180.55	344.35	2,524.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	875.34	119.36	994.70	2,180.55	297.35	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	875.34	302.96	1,178.30	2,180.55	758.95	2,939.50
SAUK							
	DEAN HEALTH INSURANCE	610.57	102.73	713.30	1,518.63	255.77	1,774.40
	GHC OF SOUTH CENTRAL WISCONSIN	610.57	29.73	640.30	1,518.63	73.27	1,591.90
	GUNDERSEN HEALTH PLAN	610.57	164.43	775.00	1,518.63	409.97	1,928.60
	HEALTH TRADITION HEALTH PLAN	610.57	71.33	681.90	1,518.63	177.27	1,695.90
	PHYSICIANS PLUS	610.57	82.63	693.20	1,518.63	205.47	1,724.10
	UNITY HEALTH INSURANCE - COMMUNITY	610.57	48.73	659.30	1,518.63	120.77	1,639.40
3	STANDARD PLAN - BALANCE OF STATE	610.57	567.73	1,178.30	1,518.63	1,420.87	2,939.50
SAWYER							
3	GHC OF EAU CLAIRE	769.03	211.57	980.60	1,914.79	527.81	2,442.60
	HEALTHPARTNERS HEALTH PLAN	769.03	104.87	873.90	1,914.79	261.11	2,175.90
3	SECURITY HEALTH PLAN	769.03	244.47	1,013.50	1,914.79	610.11	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	769.03	409.27	1,178.30	1,914.79	1,024.71	2,939.50

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IYC Local Deductible w/Dental Option - P04

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
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	720.81	290.99	1,011.80	1,794.21	726.39	2,520.60
3 *	HUMANA - EASTERN	720.81	410.69	1,131.50	1,794.21	1,025.69	2,819.90
	NETWORK HEALTH NORTHEAST	720.81	13.49	734.30	1,794.21	32.69	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	720.81	149.19	870.00	1,794.21	371.89	2,166.10
	WEA TRUST - EAST	720.81	66.69	787.50	1,794.21	165.69	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	720.81	457.49	1,178.30	1,794.21	1,145.29	2,939.50
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	702.05	309.75	1,011.80	1,747.31	773.29	2,520.60
	DEAN HEALTH INSURANCE - PREVEA360	691.20	-	691.20	1,719.10	-	1,719.10
3	HUMANA - EASTERN	702.05	429.45	1,131.50	1,747.31	1,072.59	2,819.90
	NETWORK HEALTH NORTHEAST	702.05	32.25	734.30	1,747.31	79.59	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	702.05	167.95	870.00	1,747.31	418.79	2,166.10
	WEA TRUST - EAST	702.05	85.45	787.50	1,747.31	212.59	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	702.05	476.25	1,178.30	1,747.31	1,192.19	2,939.50
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	822.18	51.72	873.90	2,047.67	128.23	2,175.90
3	HUMANA - WESTERN	822.18	359.82	1,182.00	2,047.67	898.43	2,946.10
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	822.18	172.52	994.70	2,047.67	430.23	2,477.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	822.18	172.52	994.70	2,047.67	430.23	2,477.90
3	STANDARD PLAN - DANE	822.18	273.92	1,096.10	2,047.67	686.33	2,734.00
TAYLOR							
	ARISE ASPIRUS	852.37	116.23	968.60	2,123.09	289.51	2,412.60
3	GHC OF EAU CLAIRE	852.37	128.23	980.60	2,123.09	319.51	2,442.60
*	HEALTHPARTNERS HEALTH PLAN	852.37	21.53	873.90	2,123.09	52.81	2,175.90
3	SECURITY HEALTH PLAN	852.37	161.13	1,013.50	2,123.09	401.81	2,524.90
3	STANDARD PLAN - BALANCE OF STATE	852.37	325.93	1,178.30	2,123.09	816.41	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	778.67	95.23	873.90	1,938.86	237.04	2,175.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	778.67	216.03	994.70	1,938.86	539.04	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	778.67	399.63	1,178.30	1,938.86	1,000.64	2,939.50
VERNON							
*	DEAN HEALTH INSURANCE	657.82	55.48	713.30	1,636.76	137.64	1,774.40
	GUNDERSEN HEALTH PLAN	657.82	117.18	775.00	1,636.76	291.84	1,928.60
	HEALTH TRADITION HEALTH PLAN	657.82	24.08	681.90	1,636.76	59.14	1,695.90
	HEALTHPARTNERS HEALTH PLAN	657.82	216.08	873.90	1,636.76	539.14	2,175.90
*	PHYSICIANS PLUS	657.82	35.38	693.20	1,636.76	87.34	1,724.10
	UNITY HEALTH INSURANCE - COMMUNITY	657.82	1.48	659.30	1,636.76	2.64	1,639.40
3	STANDARD PLAN - BALANCE OF STATE	657.82	520.48	1,178.30	1,636.76	1,302.74	2,939.50

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 Deductible w/Dental Option - P04

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	697.40	271.20	968.60	1,737.38	675.22	2,412.60
3 *	GHC OF EAU CLAIRE	697.40	283.20	980.60	1,737.38	705.22	2,442.60
*	HEALTHPARTNERS HEALTH PLAN	697.40	176.50	873.90	1,737.38	438.52	2,175.90
3 *	SECURITY HEALTH PLAN	697.40	316.10	1,013.50	1,737.38	787.52	2,524.90
3 *	STANDARD PLAN - BALANCE OF STATE	697.40	480.90	1,178.30	1,737.38	1,202.12	2,939.50
	STATE MAINTENANCE PLAN	697.40	95.10	792.50	1,737.38	236.92	1,974.30
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	699.92	69.08	769.00	1,741.99	171.61	1,913.60
	ARISE HEALTH PLAN	699.92	311.88	1,011.80	1,741.99	778.61	2,520.60
*	DEAN HEALTH INSURANCE	699.92	13.38	713.30	1,741.99	32.41	1,774.40
3	HUMANA - EASTERN	699.92	431.58	1,131.50	1,741.99	1,077.91	2,819.90
	MERCYCARE HEALTH PLANS	674.60	-	674.60	1,677.60	-	1,677.60
*	PHYSICIANS PLUS	693.20	-	693.20	1,724.10	-	1,724.10
	UNITEDHEALTHCARE OF WISCONSIN	699.92	170.08	870.00	1,741.99	424.11	2,166.10
	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
	WEA TRUST - EAST	699.92	87.58	787.50	1,741.99	217.91	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	699.92	478.38	1,178.30	1,741.99	1,197.51	2,939.50
WASHBURN							
3	GHC OF EAU CLAIRE	822.18	158.42	980.60	2,047.67	394.93	2,442.60
	HEALTHPARTNERS HEALTH PLAN	822.18	51.72	873.90	2,047.67	128.23	2,175.90
3	SECURITY HEALTH PLAN	822.18	191.32	1,013.50	2,047.67	477.23	2,524.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	822.18	172.52	994.70	2,047.67	430.23	2,477.90
3	STANDARD PLAN - BALANCE OF STATE	822.18	356.12	1,178.30	2,047.67	891.83	2,939.50
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	756.43	12.57	769.00	1,883.24	30.36	1,913.60
	ARISE HEALTH PLAN	756.43	255.37	1,011.80	1,883.24	637.36	2,520.60
3	HUMANA - EASTERN	756.43	375.07	1,131.50	1,883.24	936.66	2,819.90
* ^	NETWORK HEALTH SOUTHEAST	756.43	25.07	781.50	1,883.24	61.66	1,944.90
	UNITEDHEALTHCARE OF WISCONSIN	756.43	113.57	870.00	1,883.24	282.86	2,166.10
	WEA TRUST - EAST	756.43	31.07	787.50	1,883.24	76.66	1,959.90
3	STANDARD PLAN - WAUKESHA	756.43	421.87	1,178.30	1,883.24	1,056.26	2,939.50
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	705.60	63.40	769.00	1,756.19	157.41	1,913.60
	ARISE HEALTH PLAN	705.60	306.20	1,011.80	1,756.19	764.41	2,520.60
	DEAN HEALTH INSURANCE	705.60	7.70	713.30	1,756.19	18.21	1,774.40
3	HUMANA - EASTERN	705.60	425.90	1,131.50	1,756.19	1,063.71	2,819.90
* ^	NETWORK HEALTH SOUTHEAST	705.60	75.90	781.50	1,756.19	188.71	1,944.90
*	PHYSICIANS PLUS	693.20	-	693.20	1,724.10	-	1,724.10
	UNITEDHEALTHCARE OF WISCONSIN	705.60	164.40	870.00	1,756.19	409.91	2,166.10
	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
	WEA TRUST - EAST	705.60	81.90	787.50	1,756.19	203.71	1,959.90
3	STANDARD PLAN - WAUKESHA	705.60	472.70	1,178.30	1,756.19	1,183.31	2,939.50

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible w/Dental Option - P04

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	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	720.81	290.99	1,011.80	1,794.21	726.39	2,520.60
3	HUMANA - EASTERN	720.81	410.69	1,131.50	1,794.21	1,025.69	2,819.90
	NETWORK HEALTH NORTHEAST	720.81	13.49	734.30	1,794.21	32.69	1,826.90
3	SECURITY HEALTH PLAN	720.81	292.69	1,013.50	1,794.21	730.69	2,524.90
	UNITEDHEALTHCARE OF WISCONSIN	720.81	149.19	870.00	1,794.21	371.89	2,166.10
	WEA TRUST - EAST	720.81	66.69	787.50	1,794.21	165.69	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	720.81	457.49	1,178.30	1,794.21	1,145.29	2,939.50
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	664.73	27.17	691.90	1,654.03	66.87	1,720.90
*	ARISE HEALTH PLAN	664.73	347.07	1,011.80	1,654.03	866.57	2,520.60
3	HUMANA - EASTERN	664.73	466.77	1,131.50	1,654.03	1,165.87	2,819.90
	NETWORK HEALTH NORTHEAST	664.73	69.57	734.30	1,654.03	172.87	1,826.90
	PHYSICIANS PLUS	664.73	28.47	693.20	1,654.03	70.07	1,724.10
3	SECURITY HEALTH PLAN	664.73	348.77	1,013.50	1,654.03	870.87	2,524.90
	UNITEDHEALTHCARE OF WISCONSIN	664.73	205.27	870.00	1,654.03	512.07	2,166.10
	WEA TRUST - EAST	664.73	122.77	787.50	1,654.03	305.87	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	664.73	513.57	1,178.30	1,654.03	1,285.47	2,939.50
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	691.90	-	691.90	1,720.90	-	1,720.90
	ARISE HEALTH PLAN	720.81	290.99	1,011.80	1,794.21	726.39	2,520.60
3	HUMANA - EASTERN	720.81	410.69	1,131.50	1,794.21	1,025.69	2,819.90
	NETWORK HEALTH NORTHEAST	720.81	13.49	734.30	1,794.21	32.69	1,826.90
	UNITEDHEALTHCARE OF WISCONSIN	720.81	149.19	870.00	1,794.21	371.89	2,166.10
	WEA TRUST - EAST	720.81	66.69	787.50	1,794.21	165.69	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	720.81	457.49	1,178.30	1,794.21	1,145.29	2,939.50
WOOD							
	ARISE ASPIRUS	772.68	195.92	968.60	1,923.90	488.70	2,412.60
*	HEALTHPARTNERS HEALTH PLAN	772.68	101.22	873.90	1,923.90	252.00	2,175.90
*	PHYSICIANS PLUS	693.20	-	693.20	1,724.10	-	1,724.10
3	SECURITY HEALTH PLAN	772.68	240.82	1,013.50	1,923.90	601.00	2,524.90
*	UNITY HEALTH INSURANCE - COMMUNITY	659.30	-	659.30	1,639.40	-	1,639.40
	WEA TRUST - EAST	772.68	14.82	787.50	1,923.90	36.00	1,959.90
3	STANDARD PLAN - BALANCE OF STATE	772.68	405.62	1,178.30	1,923.90	1,015.60	2,939.50