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 Coinsurance w/Dental Option - P06

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	704.24	21.66	725.90	1,751.30	54.60	1,805.90
	PHYSICIANS PLUS	704.24	1.06	705.30	1,751.30	3.10	1,754.40
3	SECURITY HEALTH PLAN	704.24	328.36	1,032.60	1,751.30	821.30	2,572.60
	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	WEA TRUST - EAST	704.24	97.46	801.70	1,751.30	244.10	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	704.24	490.86	1,195.10	1,751.30	1,230.20	2,981.50
ASHLAND							
3	GHC OF EAU CLAIRE	934.40	64.60	999.00	2,326.70	161.90	2,488.60
	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
3	SECURITY HEALTH PLAN	934.40	98.20	1,032.60	2,326.70	245.90	2,572.60
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	934.40	79.00	1,013.40	2,326.70	197.90	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	934.40	260.70	1,195.10	2,326.70	654.80	2,981.50
BARRON							
	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
3	HUMANA - WESTERN	934.40	270.30	1,204.70	2,326.70	676.20	3,002.90
3	SECURITY HEALTH PLAN	934.40	98.20	1,032.60	2,326.70	245.90	2,572.60
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	934.40	79.00	1,013.40	2,326.70	197.90	2,524.60
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	934.40	79.00	1,013.40	2,326.70	197.90	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	934.40	260.70	1,195.10	2,326.70	654.80	2,981.50
BAYFIELD							
3 *	GHC OF EAU CLAIRE	843.78	155.22	999.00	2,102.21	386.39	2,488.60
3 *	SECURITY HEALTH PLAN	843.78	188.82	1,032.60	2,102.21	470.39	2,572.60
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	843.78	169.62	1,013.40	2,102.21	422.39	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	843.78	351.32	1,195.10	2,102.21	879.29	2,981.50
	STATE MAINTENANCE PLAN	803.60	-	803.60	2,002.10	-	2,002.10
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	738.47	292.33	1,030.80	1,836.87	731.23	2,568.10
	DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
3	HUMANA - EASTERN	738.47	414.63	1,153.10	1,836.87	1,037.03	2,873.90
	NETWORK HEALTH NORTHEAST	738.47	8.83	747.30	1,836.87	22.53	1,859.40
	UNITEDHEALTHCARE OF WISCONSIN	738.47	147.53	886.00	1,836.87	369.23	2,206.10
	WEA TRUST - EAST	738.47	63.23	801.70	1,836.87	158.53	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	738.47	456.63	1,195.10	1,836.87	1,144.63	2,981.50
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	693.80	-	693.80	1,725.60	-	1,725.60
3	STANDARD PLAN - BALANCE OF STATE	843.78	351.32	1,195.10	2,102.21	879.29	2,981.50
	STATE MAINTENANCE PLAN	803.60	-	803.60	2,002.10	-	2,002.10
BURNETT							
3	GHC OF EAU CLAIRE	934.40	64.60	999.00	2,326.70	161.90	2,488.60
	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
3	SECURITY HEALTH PLAN	934.40	98.20	1,032.60	2,326.70	245.90	2,572.60
3	STANDARD PLAN - BALANCE OF STATE	934.40	260.70	1,195.10	2,326.70	654.80	2,981.50

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IYC Local Coinsurance w/Dental Option - P06

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	704.00	-	704.00	1,751.10	-	1,751.10
	*	ARISE HEALTH PLAN	739.20	291.60	1,030.80	1,838.66	729.44	2,568.10
	3 *	HUMANA - EASTERN	739.20	413.90	1,153.10	1,838.66	1,035.24	2,873.90
		NETWORK HEALTH NORTHEAST	739.20	8.10	747.30	1,838.66	20.74	1,859.40
		UNITEDHEALTHCARE OF WISCONSIN	739.20	146.80	886.00	1,838.66	367.44	2,206.10
	*	WEA TRUST - EAST	739.20	62.50	801.70	1,838.66	156.74	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	739.20	455.90	1,195.10	1,838.66	1,142.84	2,981.50
CHIPPEWA								
		GUNDERSEN HEALTH PLAN	788.90	-	788.90	1,963.40	-	1,963.40
		HEALTHPARTNERS HEALTH PLAN	828.35	61.55	889.90	2,061.57	154.33	2,215.90
	3	HUMANA - WESTERN	828.35	376.35	1,204.70	2,061.57	941.33	3,002.90
	3	SECURITY HEALTH PLAN	828.35	204.25	1,032.60	2,061.57	511.03	2,572.60
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	828.35	185.05	1,013.40	2,061.57	463.03	2,524.60
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	828.35	185.05	1,013.40	2,061.57	463.03	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	828.35	366.75	1,195.10	2,061.57	919.93	2,981.50
CLARK								
	*	ARISE ASPIRUS	828.35	158.45	986.80	2,061.57	396.53	2,458.10
	3	GHC OF EAU CLAIRE	828.35	170.65	999.00	2,061.57	427.03	2,488.60
		GUNDERSEN HEALTH PLAN	788.90	-	788.90	1,963.40	-	1,963.40
		HEALTHPARTNERS HEALTH PLAN	828.35	61.55	889.90	2,061.57	154.33	2,215.90
	3	SECURITY HEALTH PLAN	828.35	204.25	1,032.60	2,061.57	511.03	2,572.60
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	828.35	185.05	1,013.40	2,061.57	463.03	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	828.35	366.75	1,195.10	2,061.57	919.93	2,981.50
COLUMBIA								
		DEAN HEALTH INSURANCE	683.87	42.03	725.90	1,700.37	105.53	1,805.90
		GHC OF SOUTH CENTRAL WISCONSIN	651.30	-	651.30	1,619.40	-	1,619.40
		PHYSICIANS PLUS	683.87	21.43	705.30	1,700.37	54.03	1,754.40
		UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
		WEA TRUST - EAST	683.87	117.83	801.70	1,700.37	295.03	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	683.87	511.23	1,195.10	1,700.37	1,281.13	2,981.50
CRAWFORD								
		GUNDERSEN HEALTH PLAN	688.07	100.83	788.90	1,710.87	252.53	1,963.40
		HEALTH TRADITION HEALTH PLAN	688.07	5.73	693.80	1,710.87	14.73	1,725.60
		HEALTHPARTNERS HEALTH PLAN	688.07	201.83	889.90	1,710.87	505.03	2,215.90
		MEDICAL ASSOCIATES HEALTH PLANS	655.30	-	655.30	1,629.40	-	1,629.40
	*	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	688.07	325.33	1,013.40	1,710.87	813.73	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	688.07	507.03	1,195.10	1,710.87	1,270.63	2,981.50
DANE								
		DEAN HEALTH INSURANCE	646.59	79.31	725.90	1,607.13	198.77	1,805.90
		GHC OF SOUTH CENTRAL WISCONSIN	646.59	4.71	651.30	1,607.13	12.27	1,619.40
		PHYSICIANS PLUS	646.59	58.71	705.30	1,607.13	147.27	1,754.40
		UNITY HEALTH INSURANCE - UW HEALTH	615.80	-	615.80	1,530.60	-	1,530.60
		WEA TRUST - SOUTH CENTRAL	618.90	-	618.90	1,538.40	-	1,538.40
	3	STANDARD PLAN - DANE	646.59	464.51	1,111.10	1,607.13	1,164.37	2,771.50

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IYC Local Coinsurance w/Dental Option - P06

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	704.24	78.56	782.80	1,751.30	196.80	1,948.10
*	ARISE HEALTH PLAN	704.24	326.56	1,030.80	1,751.30	816.80	2,568.10
	DEAN HEALTH INSURANCE	704.24	21.66	725.90	1,751.30	54.60	1,805.90
3	HUMANA - EASTERN	704.24	448.86	1,153.10	1,751.30	1,122.60	2,873.90
	NETWORK HEALTH NORTHEAST	704.24	43.06	747.30	1,751.30	108.10	1,859.40
	PHYSICIANS PLUS	704.24	1.06	705.30	1,751.30	3.10	1,754.40
	UNITEDHEALTHCARE OF WISCONSIN	704.24	181.76	886.00	1,751.30	454.80	2,206.10
	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	WEA TRUST - EAST	704.24	97.46	801.70	1,751.30	244.10	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	704.24	490.86	1,195.10	1,751.30	1,230.20	2,981.50
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	739.20	291.60	1,030.80	1,838.66	729.44	2,568.10
*	DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
3	HUMANA - EASTERN	739.20	413.90	1,153.10	1,838.66	1,035.24	2,873.90
	NETWORK HEALTH NORTHEAST	739.20	8.10	747.30	1,838.66	20.74	1,859.40
	UNITEDHEALTHCARE OF WISCONSIN	739.20	146.80	886.00	1,838.66	367.44	2,206.10
	WEA TRUST - EAST	739.20	62.50	801.70	1,838.66	156.74	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	739.20	455.90	1,195.10	1,838.66	1,142.84	2,981.50
DOUGLAS							
3	GHC OF EAU CLAIRE	934.40	64.60	999.00	2,326.70	161.90	2,488.60
	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
3	SECURITY HEALTH PLAN	934.40	98.20	1,032.60	2,326.70	245.90	2,572.60
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	934.40	79.00	1,013.40	2,326.70	197.90	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	934.40	260.70	1,195.10	2,326.70	654.80	2,981.50
DUNN							
3	HUMANA - WESTERN	1,064.07	140.63	1,204.70	2,650.83	352.07	3,002.90
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	1,013.40	-	1,013.40	2,524.60	-	2,524.60
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	1,013.40	-	1,013.40	2,524.60	-	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	1,064.07	131.03	1,195.10	2,650.83	330.67	2,981.50
EAU CLAIRE							
	GUNDERSEN HEALTH PLAN	788.90	-	788.90	1,963.40	-	1,963.40
	HEALTHPARTNERS HEALTH PLAN	828.35	61.55	889.90	2,061.57	154.33	2,215.90
3	HUMANA - WESTERN	828.35	376.35	1,204.70	2,061.57	941.33	3,002.90
3	SECURITY HEALTH PLAN	828.35	204.25	1,032.60	2,061.57	511.03	2,572.60
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	828.35	185.05	1,013.40	2,061.57	463.03	2,524.60
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	828.35	185.05	1,013.40	2,061.57	463.03	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	828.35	366.75	1,195.10	2,061.57	919.93	2,981.50
FLORENCE							
*	ARISE ASPIRUS	843.78	143.02	986.80	2,102.21	355.89	2,458.10
3	STANDARD PLAN - BALANCE OF STATE	843.78	351.32	1,195.10	2,102.21	879.29	2,981.50
	STATE MAINTENANCE PLAN	803.60	-	803.60	2,002.10	-	2,002.10

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IYC Local Coinsurance w/Dental Option - P06

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	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	704.24	326.56	1,030.80	1,751.30	816.80	2,568.10
	DEAN HEALTH INSURANCE	704.24	21.66	725.90	1,751.30	54.60	1,805.90
3	HUMANA - EASTERN	704.24	448.86	1,153.10	1,751.30	1,122.60	2,873.90
	NETWORK HEALTH NORTHEAST	704.24	43.06	747.30	1,751.30	108.10	1,859.40
	UNITEDHEALTHCARE OF WISCONSIN	704.24	181.76	886.00	1,751.30	454.80	2,206.10
	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
3	STANDARD PLAN - BALANCE OF STATE	704.24	490.86	1,195.10	1,751.30	1,230.20	2,981.50
FOREST							
*	ARISE ASPIRUS	843.78	143.02	986.80	2,102.21	355.89	2,458.10
3	SECURITY HEALTH PLAN	843.78	188.82	1,032.60	2,102.21	470.39	2,572.60
3	STANDARD PLAN - BALANCE OF STATE	843.78	351.32	1,195.10	2,102.21	879.29	2,981.50
	STATE MAINTENANCE PLAN	803.60	-	803.60	2,002.10	-	2,002.10
GRANT							
	DEAN HEALTH INSURANCE	688.07	37.83	725.90	1,710.87	95.03	1,805.90
	GUNDERSEN HEALTH PLAN	688.07	100.83	788.90	1,710.87	252.53	1,963.40
*	HEALTH TRADITION HEALTH PLAN	688.07	5.73	693.80	1,710.87	14.73	1,725.60
*	HEALTHPARTNERS HEALTH PLAN	688.07	201.83	889.90	1,710.87	505.03	2,215.90
	MEDICAL ASSOCIATES HEALTH PLANS	655.30	-	655.30	1,629.40	-	1,629.40
	PHYSICIANS PLUS	688.07	17.23	705.30	1,710.87	43.53	1,754.40
	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
3	STANDARD PLAN - DANE	688.07	423.03	1,111.10	1,710.87	1,060.63	2,771.50
GREEN							
	DEAN HEALTH INSURANCE	704.24	21.66	725.90	1,751.30	54.60	1,805.90
*	MERCYCARE HEALTH PLANS	686.30	-	686.30	1,706.90	-	1,706.90
	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
3	STANDARD PLAN - BALANCE OF STATE	704.24	490.86	1,195.10	1,751.30	1,230.20	2,981.50
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
*	ARISE HEALTH PLAN	739.20	291.60	1,030.80	1,838.66	729.44	2,568.10
*	DEAN HEALTH INSURANCE	725.90	-	725.90	1,805.90	-	1,805.90
3	HUMANA - EASTERN	739.20	413.90	1,153.10	1,838.66	1,035.24	2,873.90
	NETWORK HEALTH NORTHEAST	739.20	8.10	747.30	1,838.66	20.74	1,859.40
*	PHYSICIANS PLUS	705.30	-	705.30	1,754.40	-	1,754.40
	UNITEDHEALTHCARE OF WISCONSIN	739.20	146.80	886.00	1,838.66	367.44	2,206.10
	WEA TRUST - EAST	739.20	62.50	801.70	1,838.66	156.74	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	739.20	455.90	1,195.10	1,838.66	1,142.84	2,981.50
IOWA							
	DEAN HEALTH INSURANCE	688.07	37.83	725.90	1,710.87	95.03	1,805.90
	MEDICAL ASSOCIATES HEALTH PLANS	655.30	-	655.30	1,629.40	-	1,629.40
	PHYSICIANS PLUS	688.07	17.23	705.30	1,710.87	43.53	1,754.40
	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
3	STANDARD PLAN - BALANCE OF STATE	688.07	507.03	1,195.10	1,710.87	1,270.63	2,981.50

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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
IRON								
	3 *	GHC OF EAU CLAIRE	843.78	155.22	999.00	2,102.21	386.39	2,488.60
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	843.78	169.62	1,013.40	2,102.21	422.39	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	843.78	351.32	1,195.10	2,102.21	879.29	2,981.50
		STATE MAINTENANCE PLAN	803.60	-	803.60	2,002.10	-	2,002.10
JACKSON								
		GUNDERSEN HEALTH PLAN	728.49	60.41	788.90	1,811.88	151.52	1,963.40
		HEALTH TRADITION HEALTH PLAN	693.80	-	693.80	1,725.60	-	1,725.60
		HEALTHPARTNERS HEALTH PLAN	728.49	161.41	889.90	1,811.88	404.02	2,215.90
	3	SECURITY HEALTH PLAN	728.49	304.11	1,032.60	1,811.88	760.72	2,572.60
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	728.49	284.91	1,013.40	1,811.88	712.72	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	728.49	466.61	1,195.10	1,811.88	1,169.62	2,981.50
JEFFERSON								
		ANTHEM BLUE PREFERRED SOUTHEAST	704.24	78.56	782.80	1,751.30	196.80	1,948.10
		DEAN HEALTH INSURANCE	704.24	21.66	725.90	1,751.30	54.60	1,805.90
	3	HUMANA - EASTERN	704.24	448.86	1,153.10	1,751.30	1,122.60	2,873.90
		MERCYCARE HEALTH PLANS	686.30	-	686.30	1,706.90	-	1,706.90
		PHYSICIANS PLUS	704.24	1.06	705.30	1,751.30	3.10	1,754.40
		UNITEDHEALTHCARE OF WISCONSIN	704.24	181.76	886.00	1,751.30	454.80	2,206.10
		UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	3	STANDARD PLAN - DANE	704.24	406.86	1,111.10	1,751.30	1,020.20	2,771.50
JUNEAU								
	*	ARISE ASPIRUS	704.24	282.56	986.80	1,751.30	706.80	2,458.10
	*	DEAN HEALTH INSURANCE	704.24	21.66	725.90	1,751.30	54.60	1,805.90
		GUNDERSEN HEALTH PLAN	704.24	84.66	788.90	1,751.30	212.10	1,963.40
		HEALTH TRADITION HEALTH PLAN	693.80	-	693.80	1,725.60	-	1,725.60
		PHYSICIANS PLUS	704.24	1.06	705.30	1,751.30	3.10	1,754.40
		SECURITY HEALTH PLAN	704.24	328.36	1,032.60	1,751.30	821.30	2,572.60
		UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
		WEA TRUST - EAST	704.24	97.46	801.70	1,751.30	244.10	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	704.24	490.86	1,195.10	1,751.30	1,230.20	2,981.50
KENOSHA								
		ANTHEM BLUE PREFERRED SOUTHEAST	782.80	-	782.80	1,948.10	-	1,948.10
		ARISE HEALTH PLAN	821.94	208.86	1,030.80	2,045.51	522.59	2,568.10
	3	HUMANA - EASTERN	821.94	331.16	1,153.10	2,045.51	828.39	2,873.90
		UNITEDHEALTHCARE OF WISCONSIN	821.94	64.06	886.00	2,045.51	160.59	2,206.10
	3	STANDARD PLAN - WAUKESHA	821.94	373.16	1,195.10	2,045.51	935.99	2,981.50
KEWAUNEE								
		ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
		ARISE HEALTH PLAN	739.20	291.60	1,030.80	1,838.66	729.44	2,568.10
	*	DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
		NETWORK HEALTH NORTHEAST	739.20	8.10	747.30	1,838.66	20.74	1,859.40
		UNITEDHEALTHCARE OF WISCONSIN	739.20	146.80	886.00	1,838.66	367.44	2,206.10
		WEA TRUST - EAST	739.20	62.50	801.70	1,838.66	156.74	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	739.20	455.90	1,195.10	1,838.66	1,142.84	2,981.50

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Coinsurance w/Dental Option - P06

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	728.49	60.41	788.90	1,811.88	151.52	1,963.40
	HEALTH TRADITION HEALTH PLAN	693.80	-	693.80	1,725.60	-	1,725.60
	HEALTHPARTNERS HEALTH PLAN	728.49	161.41	889.90	1,811.88	404.02	2,215.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	728.49	284.91	1,013.40	1,811.88	712.72	2,524.60
3	STANDARD PLAN - DANE	728.49	382.61	1,111.10	1,811.88	959.62	2,771.50
LAFAYETTE							
*	DEAN HEALTH INSURANCE	688.07	37.83	725.90	1,710.87	95.03	1,805.90
	MEDICAL ASSOCIATES HEALTH PLANS	655.30	-	655.30	1,629.40	-	1,629.40
	PHYSICIANS PLUS	688.07	17.23	705.30	1,710.87	43.53	1,754.40
*	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
3	STANDARD PLAN - BALANCE OF STATE	688.07	507.03	1,195.10	1,710.87	1,270.63	2,981.50
LANGLADE							
	ARISE ASPIRUS	986.80	-	986.80	2,458.10	-	2,458.10
3	GHC OF EAU CLAIRE	999.00	-	999.00	2,488.60	-	2,488.60
*	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
3	SECURITY HEALTH PLAN	1,032.60	-	1,032.60	2,572.60	-	2,572.60
3	STANDARD PLAN - BALANCE OF STATE	1,036.14	158.96	1,195.10	2,581.01	400.49	2,981.50
LINCOLN							
*	ARISE ASPIRUS	934.40	52.40	986.80	2,326.70	131.40	2,458.10
3	GHC OF EAU CLAIRE	934.40	64.60	999.00	2,326.70	161.90	2,488.60
	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
3	SECURITY HEALTH PLAN	934.40	98.20	1,032.60	2,326.70	245.90	2,572.60
3	STANDARD PLAN - BALANCE OF STATE	934.40	260.70	1,195.10	2,326.70	654.80	2,981.50
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	738.47	292.33	1,030.80	1,836.87	731.23	2,568.10
	DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
3	HUMANA - EASTERN	738.47	414.63	1,153.10	1,836.87	1,037.03	2,873.90
	NETWORK HEALTH NORTHEAST	738.47	8.83	747.30	1,836.87	22.53	1,859.40
	UNITEDHEALTHCARE OF WISCONSIN	738.47	147.53	886.00	1,836.87	369.23	2,206.10
	WEA TRUST - EAST	738.47	63.23	801.70	1,836.87	158.53	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	738.47	456.63	1,195.10	1,836.87	1,144.63	2,981.50
MARATHON							
	ARISE ASPIRUS	841.79	145.01	986.80	2,095.17	362.93	2,458.10
3	GHC OF EAU CLAIRE	841.79	157.21	999.00	2,095.17	393.43	2,488.60
	HEALTHPARTNERS HEALTH PLAN	841.79	48.11	889.90	2,095.17	120.73	2,215.90
3	SECURITY HEALTH PLAN	841.79	190.81	1,032.60	2,095.17	477.43	2,572.60
	WEA TRUST - EAST	801.70	-	801.70	1,995.40	-	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	841.79	353.31	1,195.10	2,095.17	886.33	2,981.50
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	739.20	291.60	1,030.80	1,838.66	729.44	2,568.10
*	DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
3	HUMANA - EASTERN	739.20	413.90	1,153.10	1,838.66	1,035.24	2,873.90
	UNITEDHEALTHCARE OF WISCONSIN	739.20	146.80	886.00	1,838.66	367.44	2,206.10
3	STANDARD PLAN - BALANCE OF STATE	739.20	455.90	1,195.10	1,838.66	1,142.84	2,981.50

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IYC Local Coinsurance w/Dental Option - P06

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	725.90	-	725.90	1,805.90	-	1,805.90
*	NETWORK HEALTH NORTHEAST	740.57	6.73	747.30	1,842.12	17.28	1,859.40
	PHYSICIANS PLUS	705.30	-	705.30	1,754.40	-	1,754.40
*	UNITEDHEALTHCARE OF WISCONSIN	740.57	145.43	886.00	1,842.12	363.98	2,206.10
*	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	WEA TRUST - EAST	740.57	61.13	801.70	1,842.12	153.28	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	740.57	454.53	1,195.10	1,842.12	1,139.38	2,981.50
MENOMINEE							
*	WEA TRUST - EAST	801.70	-	801.70	1,995.40	-	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	843.78	351.32	1,195.10	2,102.21	879.29	2,981.50
	STATE MAINTENANCE PLAN	803.60	-	803.60	2,002.10	-	2,002.10
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	782.80	-	782.80	1,948.10	-	1,948.10
	ARISE HEALTH PLAN	821.94	208.86	1,030.80	2,045.51	522.59	2,568.10
3	HUMANA - EASTERN	821.94	331.16	1,153.10	2,045.51	828.39	2,873.90
* ^	NETWORK HEALTH SOUTHEAST	795.60	-	795.60	1,980.10	-	1,980.10
	UNITEDHEALTHCARE OF WISCONSIN	821.94	64.06	886.00	2,045.51	160.59	2,206.10
	WEA TRUST - EAST	801.70	-	801.70	1,995.40	-	1,995.40
3	STANDARD PLAN - MILWAUKEE	821.94	467.56	1,289.50	2,045.51	1,171.99	3,217.50
MONROE							
	GUNDERSEN HEALTH PLAN	728.49	60.41	788.90	1,811.88	151.52	1,963.40
	HEALTH TRADITION HEALTH PLAN	693.80	-	693.80	1,725.60	-	1,725.60
	HEALTHPARTNERS HEALTH PLAN	728.49	161.41	889.90	1,811.88	404.02	2,215.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	728.49	284.91	1,013.40	1,811.88	712.72	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	728.49	466.61	1,195.10	1,811.88	1,169.62	2,981.50
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	738.47	292.33	1,030.80	1,836.87	731.23	2,568.10
	DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
3	HUMANA - EASTERN	738.47	414.63	1,153.10	1,836.87	1,037.03	2,873.90
	NETWORK HEALTH NORTHEAST	738.47	8.83	747.30	1,836.87	22.53	1,859.40
*	UNITEDHEALTHCARE OF WISCONSIN	738.47	147.53	886.00	1,836.87	369.23	2,206.10
	WEA TRUST - EAST	738.47	63.23	801.70	1,836.87	158.53	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	738.47	456.63	1,195.10	1,836.87	1,144.63	2,981.50
ONEIDA							
*	ARISE ASPIRUS	934.40	52.40	986.80	2,326.70	131.40	2,458.10
3	GHC OF EAU CLAIRE	934.40	64.60	999.00	2,326.70	161.90	2,488.60
	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
3	SECURITY HEALTH PLAN	934.40	98.20	1,032.60	2,326.70	245.90	2,572.60
3	STANDARD PLAN - BALANCE OF STATE	934.40	260.70	1,195.10	2,326.70	654.80	2,981.50

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IYC Local Coinsurance w/Dental Option - P06

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	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	739.20	291.60	1,030.80	1,838.66	729.44	2,568.10
*	DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
3	HUMANA - EASTERN	739.20	413.90	1,153.10	1,838.66	1,035.24	2,873.90
	NETWORK HEALTH NORTHEAST	739.20	8.10	747.30	1,838.66	20.74	1,859.40
	UNITEDHEALTHCARE OF WISCONSIN	739.20	146.80	886.00	1,838.66	367.44	2,206.10
	WEA TRUST - EAST	739.20	62.50	801.70	1,838.66	156.74	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	739.20	455.90	1,195.10	1,838.66	1,142.84	2,981.50
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	782.80	-	782.80	1,948.10	-	1,948.10
	ARISE HEALTH PLAN	821.94	208.86	1,030.80	2,045.51	522.59	2,568.10
3	HUMANA - EASTERN	821.94	331.16	1,153.10	2,045.51	828.39	2,873.90
* ^	NETWORK HEALTH SOUTHEAST	795.60	-	795.60	1,980.10	-	1,980.10
	UNITEDHEALTHCARE OF WISCONSIN	821.94	64.06	886.00	2,045.51	160.59	2,206.10
	WEA TRUST - EAST	801.70	-	801.70	1,995.40	-	1,995.40
3	STANDARD PLAN - WAUKESHA	821.94	373.16	1,195.10	2,045.51	935.99	2,981.50
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	843.78	46.12	889.90	2,102.21	113.69	2,215.90
3	SECURITY HEALTH PLAN	843.78	188.82	1,032.60	2,102.21	470.39	2,572.60
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	843.78	169.62	1,013.40	2,102.21	422.39	2,524.60
3	STANDARD PLAN - WAUKESHA	843.78	351.32	1,195.10	2,102.21	879.29	2,981.50
	STATE MAINTENANCE PLAN	803.60	-	803.60	2,002.10	617.08	2,002.10
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	934.40	79.00	1,013.40	2,326.70	197.90	2,524.60
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	934.40	79.00	1,013.40	2,326.70	197.90	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	934.40	260.70	1,195.10	2,326.70	654.80	2,981.50
POLK							
	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
3	HUMANA - WESTERN	934.40	270.30	1,204.70	2,326.70	676.20	3,002.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	934.40	79.00	1,013.40	2,326.70	197.90	2,524.60
3	STANDARD PLAN - DANE	934.40	176.70	1,111.10	2,326.70	444.80	2,771.50
PORTAGE							
*	ARISE ASPIRUS	841.79	145.01	986.80	2,095.17	362.93	2,458.10
	HEALTHPARTNERS HEALTH PLAN	841.79	48.11	889.90	2,095.17	120.73	2,215.90
3	SECURITY HEALTH PLAN	841.79	190.81	1,032.60	2,095.17	477.43	2,572.60
	WEA TRUST - EAST	801.70	-	801.70	1,995.40	-	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	841.79	353.31	1,195.10	2,095.17	886.33	2,981.50
PRICE							
3	GHC OF EAU CLAIRE	843.78	155.22	999.00	2,102.21	386.39	2,488.60
*	HEALTHPARTNERS HEALTH PLAN	843.78	46.12	889.90	2,102.21	113.69	2,215.90
3	SECURITY HEALTH PLAN	843.78	188.82	1,032.60	2,102.21	470.39	2,572.60
3	STANDARD PLAN - BALANCE OF STATE	843.78	351.32	1,195.10	2,102.21	879.29	2,981.50
	STATE MAINTENANCE PLAN	803.60	-	803.60	2,002.10	-	2,002.10

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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
RACINE								
		ANTHEM BLUE PREFERRED SOUTHEAST	782.80	-	782.80	1,948.10	-	1,948.10
	*	ARISE HEALTH PLAN	821.94	208.86	1,030.80	2,045.51	522.59	2,568.10
	3	HUMANA - EASTERN	821.94	331.16	1,153.10	2,045.51	828.39	2,873.90
	* ^	NETWORK HEALTH SOUTHEAST	795.60	-	795.60	1,980.10	-	1,980.10
		UNITEDHEALTHCARE OF WISCONSIN	821.94	64.06	886.00	2,045.51	160.59	2,206.10
	3	STANDARD PLAN - WAUKESHA	821.94	373.16	1,195.10	2,045.51	935.99	2,981.50
RICHLAND								
		DEAN HEALTH INSURANCE	704.24	21.66	725.90	1,751.30	54.60	1,805.90
		GUNDERSEN HEALTH PLAN	704.24	84.66	788.90	1,751.30	212.10	1,963.40
		HEALTH TRADITION HEALTH PLAN	693.80	-	693.80	1,725.60	-	1,725.60
		PHYSICIANS PLUS	704.24	1.06	705.30	1,751.30	3.10	1,754.40
		UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	3	STANDARD PLAN - BALANCE OF STATE	704.24	490.86	1,195.10	1,751.30	1,230.20	2,981.50
ROCK								
		ANTHEM BLUE PREFERRED SOUTHEAST	704.24	78.56	782.80	1,751.30	196.80	1,948.10
		DEAN HEALTH INSURANCE	704.24	21.66	725.90	1,751.30	54.60	1,805.90
	3 *	HUMANA - EASTERN	704.24	448.86	1,153.10	1,751.30	1,122.60	2,873.90
		MERCYCARE HEALTH PLANS	686.30	-	686.30	1,706.90	-	1,706.90
	*	PHYSICIANS PLUS	704.24	1.06	705.30	1,751.30	3.10	1,754.40
		UNITEDHEALTHCARE OF WISCONSIN	704.24	181.76	886.00	1,751.30	454.80	2,206.10
		UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
		WEA TRUST - EAST	704.24	97.46	801.70	1,751.30	244.10	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	704.24	490.86	1,195.10	1,751.30	1,230.20	2,981.50
RUSK								
	*	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
	3	SECURITY HEALTH PLAN	1,032.60	-	1,032.60	2,572.60	-	2,572.60
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	1,013.40	-	1,013.40	2,524.60	-	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	1,064.07	131.03	1,195.10	2,650.83	330.67	2,981.50
SAUK								
		DEAN HEALTH INSURANCE	704.24	21.66	725.90	1,751.30	54.60	1,805.90
	*	GHC OF SOUTH CENTRAL WISCONSIN	651.30	-	651.30	1,619.40	-	1,619.40
		GUNDERSEN HEALTH PLAN	704.24	84.66	788.90	1,751.30	212.10	1,963.40
	*	HEALTH TRADITION HEALTH PLAN	693.80	-	693.80	1,725.60	-	1,725.60
		PHYSICIANS PLUS	704.24	1.06	705.30	1,751.30	3.10	1,754.40
		UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	3	STANDARD PLAN - BALANCE OF STATE	704.24	490.86	1,195.10	1,751.30	1,230.20	2,981.50
SAWYER								
	3	GHC OF EAU CLAIRE	934.40	64.60	999.00	2,326.70	161.90	2,488.60
		HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
	3	SECURITY HEALTH PLAN	934.40	98.20	1,032.60	2,326.70	245.90	2,572.60
	3	STANDARD PLAN - BALANCE OF STATE	934.40	260.70	1,195.10	2,326.70	654.80	2,981.50

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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	704.00	-	704.00	1,751.10	-	1,751.10
		ARISE HEALTH PLAN	739.20	291.60	1,030.80	1,838.66	729.44	2,568.10
	3 *	HUMANA - EASTERN	739.20	413.90	1,153.10	1,838.66	1,035.24	2,873.90
		NETWORK HEALTH NORTHEAST	739.20	8.10	747.30	1,838.66	20.74	1,859.40
		UNITEDHEALTHCARE OF WISCONSIN	739.20	146.80	886.00	1,838.66	367.44	2,206.10
		WEA TRUST - EAST	739.20	62.50	801.70	1,838.66	156.74	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	739.20	455.90	1,195.10	1,838.66	1,142.84	2,981.50
SHEBOYGAN								
		ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
		ARISE HEALTH PLAN	738.47	292.33	1,030.80	1,836.87	731.23	2,568.10
		DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
	3	HUMANA - EASTERN	738.47	414.63	1,153.10	1,836.87	1,037.03	2,873.90
		NETWORK HEALTH NORTHEAST	738.47	8.83	747.30	1,836.87	22.53	1,859.40
		UNITEDHEALTHCARE OF WISCONSIN	738.47	147.53	886.00	1,836.87	369.23	2,206.10
		WEA TRUST - EAST	738.47	63.23	801.70	1,836.87	158.53	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	738.47	456.63	1,195.10	1,836.87	1,144.63	2,981.50
ST. CROIX								
		HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
	3	HUMANA - WESTERN	934.40	270.30	1,204.70	2,326.70	676.20	3,002.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	934.40	79.00	1,013.40	2,326.70	197.90	2,524.60
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	934.40	79.00	1,013.40	2,326.70	197.90	2,524.60
	3	STANDARD PLAN - DANE	934.40	176.70	1,111.10	2,326.70	444.80	2,771.50
TAYLOR								
		ARISE ASPIRUS	986.80	-	986.80	2,458.10	-	2,458.10
	3	GHC OF EAU CLAIRE	999.00	-	999.00	2,488.60	-	2,488.60
	*	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
	3	SECURITY HEALTH PLAN	1,032.60	-	1,032.60	2,572.60	-	2,572.60
	3	STANDARD PLAN - BALANCE OF STATE	1,036.14	158.96	1,195.10	2,581.01	400.49	2,981.50
TREMPEALEAU								
		GUNDERSEN HEALTH PLAN	788.90	-	788.90	1,963.40	-	1,963.40
	*	HEALTH TRADITION HEALTH PLAN	693.80	-	693.80	1,725.60	-	1,725.60
	*	HEALTHPARTNERS HEALTH PLAN	828.35	61.55	889.90	2,061.57	154.33	2,215.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	828.35	185.05	1,013.40	2,061.57	463.03	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	828.35	366.75	1,195.10	2,061.57	919.93	2,981.50
VERNON								
	*	DEAN HEALTH INSURANCE	704.24	21.66	725.90	1,751.30	54.60	1,805.90
		GUNDERSEN HEALTH PLAN	704.24	84.66	788.90	1,751.30	212.10	1,963.40
		HEALTH TRADITION HEALTH PLAN	693.80	-	693.80	1,725.60	-	1,725.60
		HEALTHPARTNERS HEALTH PLAN	704.24	185.66	889.90	1,751.30	464.60	2,215.90
	*	PHYSICIANS PLUS	704.24	1.06	705.30	1,751.30	3.10	1,754.40
		UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	3	STANDARD PLAN - BALANCE OF STATE	704.24	490.86	1,195.10	1,751.30	1,230.20	2,981.50

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 Coinsurance w/Dental Option - P06

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	843.78	143.02	986.80	2,102.21	355.89	2,458.10
3	GHC OF EAU CLAIRE	843.78	155.22	999.00	2,102.21	386.39	2,488.60
*	HEALTHPARTNERS HEALTH PLAN	843.78	46.12	889.90	2,102.21	113.69	2,215.90
3	SECURITY HEALTH PLAN	843.78	188.82	1,032.60	2,102.21	470.39	2,572.60
3	STANDARD PLAN - BALANCE OF STATE	843.78	351.32	1,195.10	2,102.21	879.29	2,981.50
	STATE MAINTENANCE PLAN	803.60	-	803.60	2,002.10	-	2,002.10
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	704.24	78.56	782.80	1,751.30	196.80	1,948.10
	ARISE HEALTH PLAN	704.24	326.56	1,030.80	1,751.30	816.80	2,568.10
*	DEAN HEALTH INSURANCE	704.24	21.66	725.90	1,751.30	54.60	1,805.90
3	HUMANA - EASTERN	704.24	448.86	1,153.10	1,751.30	1,122.60	2,873.90
	MERCYCARE HEALTH PLANS	686.30	-	686.30	1,706.90	-	1,706.90
*	PHYSICIANS PLUS	704.24	1.06	705.30	1,751.30	3.10	1,754.40
	UNITEDHEALTHCARE OF WISCONSIN	704.24	181.76	886.00	1,751.30	454.80	2,206.10
	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	WEA TRUST - EAST	704.24	97.46	801.70	1,751.30	244.10	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	704.24	490.86	1,195.10	1,751.30	1,230.20	2,981.50
WASHBURN							
3	GHC OF EAU CLAIRE	934.40	64.60	999.00	2,326.70	161.90	2,488.60
	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
3	SECURITY HEALTH PLAN	934.40	98.20	1,032.60	2,326.70	245.90	2,572.60
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	934.40	79.00	1,013.40	2,326.70	197.90	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	934.40	260.70	1,195.10	2,326.70	654.80	2,981.50
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	782.80	-	782.80	1,948.10	-	1,948.10
	ARISE HEALTH PLAN	821.94	208.86	1,030.80	2,045.51	522.59	2,568.10
3	HUMANA - EASTERN	821.94	331.16	1,153.10	2,045.51	828.39	2,873.90
* ^	NETWORK HEALTH SOUTHEAST	795.60	-	795.60	1,980.10	-	1,980.10
	UNITEDHEALTHCARE OF WISCONSIN	821.94	64.06	886.00	2,045.51	160.59	2,206.10
	WEA TRUST - EAST	801.70	-	801.70	1,995.40	-	1,995.40
3	STANDARD PLAN - WAUKESHA	821.94	373.16	1,195.10	2,045.51	935.99	2,981.50
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	704.24	78.56	782.80	1,751.30	196.80	1,948.10
	ARISE HEALTH PLAN	704.24	326.56	1,030.80	1,751.30	816.80	2,568.10
	DEAN HEALTH INSURANCE	704.24	21.66	725.90	1,751.30	54.60	1,805.90
3	HUMANA - EASTERN	704.24	448.86	1,153.10	1,751.30	1,122.60	2,873.90
* ^	NETWORK HEALTH SOUTHEAST	704.24	91.36	795.60	1,751.30	228.80	1,980.10
*	PHYSICIANS PLUS	704.24	1.06	705.30	1,751.30	3.10	1,754.40
	UNITEDHEALTHCARE OF WISCONSIN	704.24	181.76	886.00	1,751.30	454.80	2,206.10
	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	WEA TRUST - EAST	704.24	97.46	801.70	1,751.30	244.10	1,995.40
3	STANDARD PLAN - WAUKESHA	704.24	490.86	1,195.10	1,751.30	1,230.20	2,981.50

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Coinsurance w/Dental Option - P06

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	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	739.20	291.60	1,030.80	1,838.66	729.44	2,568.10
3	HUMANA - EASTERN	739.20	413.90	1,153.10	1,838.66	1,035.24	2,873.90
	NETWORK HEALTH NORTHEAST	739.20	8.10	747.30	1,838.66	20.74	1,859.40
3	SECURITY HEALTH PLAN	739.20	293.40	1,032.60	1,838.66	733.94	2,572.60
	UNITEDHEALTHCARE OF WISCONSIN	739.20	146.80	886.00	1,838.66	367.44	2,206.10
	WEA TRUST - EAST	739.20	62.50	801.70	1,838.66	156.74	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	739.20	455.90	1,195.10	1,838.66	1,142.84	2,981.50
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
*	ARISE HEALTH PLAN	739.20	291.60	1,030.80	1,838.66	729.44	2,568.10
3	HUMANA - EASTERN	739.20	413.90	1,153.10	1,838.66	1,035.24	2,873.90
	NETWORK HEALTH NORTHEAST	739.20	8.10	747.30	1,838.66	20.74	1,859.40
	PHYSICIANS PLUS	705.30	-	705.30	1,754.40	-	1,754.40
3	SECURITY HEALTH PLAN	739.20	293.40	1,032.60	1,838.66	733.94	2,572.60
	UNITEDHEALTHCARE OF WISCONSIN	739.20	146.80	886.00	1,838.66	367.44	2,206.10
	WEA TRUST - EAST	739.20	62.50	801.70	1,838.66	156.74	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	739.20	455.90	1,195.10	1,838.66	1,142.84	2,981.50
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	739.20	291.60	1,030.80	1,838.66	729.44	2,568.10
3	HUMANA - EASTERN	739.20	413.90	1,153.10	1,838.66	1,035.24	2,873.90
	NETWORK HEALTH NORTHEAST	739.20	8.10	747.30	1,838.66	20.74	1,859.40
	UNITEDHEALTHCARE OF WISCONSIN	739.20	146.80	886.00	1,838.66	367.44	2,206.10
	WEA TRUST - EAST	739.20	62.50	801.70	1,838.66	156.74	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	739.20	455.90	1,195.10	1,838.66	1,142.84	2,981.50
WOOD							
	ARISE ASPIRUS	986.80	-	986.80	2,458.10	-	2,458.10
*	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
*	PHYSICIANS PLUS	705.30	-	705.30	1,754.40	-	1,754.40
3	SECURITY HEALTH PLAN	1,032.60	-	1,032.60	2,572.60	-	2,572.60
*	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
*	WEA TRUST - EAST	801.70	-	801.70	1,995.40	-	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	1,036.14	158.96	1,195.10	2,581.01	400.49	2,981.50