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 Coinsurance w/Dental Option - P06

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	638.79	87.11	725.90	1,589.19	216.71	1,805.90
		PHYSICIANS PLUS	638.79	66.51	705.30	1,589.19	165.21	1,754.40
	3	SECURITY HEALTH PLAN	638.79	393.81	1,032.60	1,589.19	983.41	2,572.60
		UNITY HEALTH INSURANCE - COMMUNITY	638.79	31.91	670.70	1,589.19	78.71	1,667.90
		WEA TRUST - EAST	638.79	162.91	801.70	1,589.19	406.21	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	638.79	556.31	1,195.10	1,589.19	1,392.31	2,981.50
ASHLAND								
	3	GHC OF EAU CLAIRE	837.45	161.55	999.00	2,085.82	402.78	2,488.60
		HEALTHPARTNERS HEALTH PLAN	837.45	52.45	889.90	2,085.82	130.08	2,215.90
	3	SECURITY HEALTH PLAN	837.45	195.15	1,032.60	2,085.82	486.78	2,572.60
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	837.45	175.95	1,013.40	2,085.82	438.78	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	837.45	357.65	1,195.10	2,085.82	895.68	2,981.50
BARRON								
		HEALTHPARTNERS HEALTH PLAN	855.57	34.33	889.90	2,131.10	84.80	2,215.90
	3	HUMANA - WESTERN	855.57	349.13	1,204.70	2,131.10	871.80	3,002.90
	3	SECURITY HEALTH PLAN	855.57	177.03	1,032.60	2,131.10	441.50	2,572.60
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	855.57	157.83	1,013.40	2,131.10	393.50	2,524.60
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	855.57	157.83	1,013.40	2,131.10	393.50	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	855.57	339.53	1,195.10	2,131.10	850.40	2,981.50
BAYFIELD								
	3 *	GHC OF EAU CLAIRE	707.17	291.83	999.00	1,761.85	726.75	2,488.60
	3 *	SECURITY HEALTH PLAN	707.17	325.43	1,032.60	1,761.85	810.75	2,572.60
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	707.17	306.23	1,013.40	1,761.85	762.75	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	707.17	487.93	1,195.10	1,761.85	1,219.65	2,981.50
		STATE MAINTENANCE PLAN	707.17	96.43	803.60	1,761.85	240.25	2,002.10
BROWN								
		ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
		ARISE HEALTH PLAN	714.72	316.08	1,030.80	1,778.99	789.11	2,568.10
		DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
	3	HUMANA - EASTERN	714.72	438.38	1,153.10	1,778.99	1,094.91	2,873.90
		NETWORK HEALTH NORTHEAST	714.72	32.58	747.30	1,778.99	80.41	1,859.40
		UNITEDHEALTHCARE OF WISCONSIN	714.72	171.28	886.00	1,778.99	427.11	2,206.10
		WEA TRUST - EAST	714.72	86.98	801.70	1,778.99	216.41	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	714.72	480.38	1,195.10	1,778.99	1,202.51	2,981.50
BUFFALO								
	*	HEALTH TRADITION HEALTH PLAN	693.80	-	693.80	1,725.60	-	1,725.60
	3	STANDARD PLAN - BALANCE OF STATE	707.17	487.93	1,195.10	1,761.85	1,219.65	2,981.50
		STATE MAINTENANCE PLAN	707.17	96.43	803.60	1,761.85	240.25	2,002.10
BURNETT								
	3	GHC OF EAU CLAIRE	783.11	215.89	999.00	1,949.99	538.61	2,488.60
		HEALTHPARTNERS HEALTH PLAN	783.11	106.79	889.90	1,949.99	265.91	2,215.90
	3	SECURITY HEALTH PLAN	783.11	249.49	1,032.60	1,949.99	622.61	2,572.60
	3	STANDARD PLAN - BALANCE OF STATE	783.11	411.99	1,195.10	1,949.99	1,031.51	2,981.50

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IYC Local Coinsurance w/Dental Option - P06

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	685.61	18.39	704.00	1,706.20	44.90	1,751.10
*	ARISE HEALTH PLAN	685.61	345.19	1,030.80	1,706.20	861.90	2,568.10
3 *	HUMANA - EASTERN	685.61	467.49	1,153.10	1,706.20	1,167.70	2,873.90
	NETWORK HEALTH NORTHEAST	685.61	61.69	747.30	1,706.20	153.20	1,859.40
	UNITEDHEALTHCARE OF WISCONSIN	685.61	200.39	886.00	1,706.20	499.90	2,206.10
*	WEA TRUST - EAST	685.61	116.09	801.70	1,706.20	289.20	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	685.61	509.49	1,195.10	1,706.20	1,275.30	2,981.50
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	788.90	-	788.90	1,963.40	-	1,963.40
	HEALTHPARTNERS HEALTH PLAN	815.23	74.67	889.90	2,030.27	185.63	2,215.90
3	HUMANA - WESTERN	815.23	389.47	1,204.70	2,030.27	972.63	3,002.90
3	SECURITY HEALTH PLAN	815.23	217.37	1,032.60	2,030.27	542.33	2,572.60
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	815.23	198.17	1,013.40	2,030.27	494.33	2,524.60
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	815.23	198.17	1,013.40	2,030.27	494.33	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	815.23	379.87	1,195.10	2,030.27	951.23	2,981.50
CLARK							
*	ARISE ASPIRUS	789.71	197.09	986.80	1,966.48	491.62	2,458.10
3	GHC OF EAU CLAIRE	789.71	209.29	999.00	1,966.48	522.12	2,488.60
	GUNDERSEN HEALTH PLAN	788.90	-	788.90	1,963.40	-	1,963.40
	HEALTHPARTNERS HEALTH PLAN	789.71	100.19	889.90	1,966.48	249.42	2,215.90
3	SECURITY HEALTH PLAN	789.71	242.89	1,032.60	1,966.48	606.12	2,572.60
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	789.71	223.69	1,013.40	1,966.48	558.12	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	789.71	405.39	1,195.10	1,966.48	1,015.02	2,981.50
COLUMBIA							
	DEAN HEALTH INSURANCE	625.66	100.24	725.90	1,556.37	249.53	1,805.90
	GHC OF SOUTH CENTRAL WISCONSIN	625.66	25.64	651.30	1,556.37	63.03	1,619.40
	PHYSICIANS PLUS	625.66	79.64	705.30	1,556.37	198.03	1,754.40
	UNITY HEALTH INSURANCE - COMMUNITY	625.66	45.04	670.70	1,556.37	111.53	1,667.90
	WEA TRUST - EAST	625.66	176.04	801.70	1,556.37	439.03	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	625.66	569.44	1,195.10	1,556.37	1,425.13	2,981.50
CRAWFORD							
	GUNDERSEN HEALTH PLAN	666.14	122.76	788.90	1,657.55	305.85	1,963.40
	HEALTH TRADITION HEALTH PLAN	666.14	27.66	693.80	1,657.55	68.05	1,725.60
	HEALTHPARTNERS HEALTH PLAN	666.14	223.76	889.90	1,657.55	558.35	2,215.90
	MEDICAL ASSOCIATES HEALTH PLANS	655.30	-	655.30	1,629.40	-	1,629.40
*	UNITY HEALTH INSURANCE - COMMUNITY	666.14	4.56	670.70	1,657.55	10.35	1,667.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	666.14	347.26	1,013.40	1,657.55	867.05	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	666.14	528.96	1,195.10	1,657.55	1,323.95	2,981.50
DANE							
	DEAN HEALTH INSURANCE	583.83	142.07	725.90	1,451.77	354.13	1,805.90
	GHC OF SOUTH CENTRAL WISCONSIN	583.83	67.47	651.30	1,451.77	167.63	1,619.40
	PHYSICIANS PLUS	583.83	121.47	705.30	1,451.77	302.63	1,754.40
	UNITY HEALTH INSURANCE - UW HEALTH	583.83	31.97	615.80	1,451.77	78.83	1,530.60
	WEA TRUST - SOUTH CENTRAL	583.83	35.07	618.90	1,451.77	86.63	1,538.40
3	STANDARD PLAN - DANE	583.83	527.27	1,111.10	1,451.77	1,319.73	2,771.50

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IYC Local Coinsurance w/Dental Option - P06

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	668.76	114.04	782.80	1,664.11	283.99	1,948.10
	*	ARISE HEALTH PLAN	668.76	362.04	1,030.80	1,664.11	903.99	2,568.10
		DEAN HEALTH INSURANCE	668.76	57.14	725.90	1,664.11	141.79	1,805.90
	3	HUMANA - EASTERN	668.76	484.34	1,153.10	1,664.11	1,209.79	2,873.90
		NETWORK HEALTH NORTHEAST	668.76	78.54	747.30	1,664.11	195.29	1,859.40
		PHYSICIANS PLUS	668.76	36.54	705.30	1,664.11	90.29	1,754.40
		UNITEDHEALTHCARE OF WISCONSIN	668.76	217.24	886.00	1,664.11	541.99	2,206.10
		UNITY HEALTH INSURANCE - COMMUNITY	668.76	1.94	670.70	1,664.11	3.79	1,667.90
		WEA TRUST - EAST	668.76	132.94	801.70	1,664.11	331.29	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	668.76	526.34	1,195.10	1,664.11	1,317.39	2,981.50
DOOR								
		ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
		ARISE HEALTH PLAN	733.88	296.92	1,030.80	1,826.90	741.20	2,568.10
	*	DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
	3 *	HUMANA - EASTERN	733.88	419.22	1,153.10	1,826.90	1,047.00	2,873.90
		NETWORK HEALTH NORTHEAST	733.88	13.42	747.30	1,826.90	32.50	1,859.40
		UNITEDHEALTHCARE OF WISCONSIN	733.88	152.12	886.00	1,826.90	379.20	2,206.10
		WEA TRUST - EAST	733.88	67.82	801.70	1,826.90	168.50	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	733.88	461.22	1,195.10	1,826.90	1,154.60	2,981.50
DOUGLAS								
	3	GHC OF EAU CLAIRE	837.45	161.55	999.00	2,085.82	402.78	2,488.60
		HEALTHPARTNERS HEALTH PLAN	837.45	52.45	889.90	2,085.82	130.08	2,215.90
	3	SECURITY HEALTH PLAN	837.45	195.15	1,032.60	2,085.82	486.78	2,572.60
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	837.45	175.95	1,013.40	2,085.82	438.78	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	837.45	357.65	1,195.10	2,085.82	895.68	2,981.50
DUNN								
	3	HUMANA - WESTERN	891.79	312.91	1,204.70	2,221.65	781.25	3,002.90
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	891.79	121.61	1,013.40	2,221.65	302.95	2,524.60
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	891.79	121.61	1,013.40	2,221.65	302.95	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	891.79	303.31	1,195.10	2,221.65	759.85	2,981.50
EAU CLAIRE								
		GUNDERSEN HEALTH PLAN	788.90	-	788.90	1,963.40	-	1,963.40
		HEALTHPARTNERS HEALTH PLAN	815.23	74.67	889.90	2,030.27	185.63	2,215.90
	3	HUMANA - WESTERN	815.23	389.47	1,204.70	2,030.27	972.63	3,002.90
	3	SECURITY HEALTH PLAN	815.23	217.37	1,032.60	2,030.27	542.33	2,572.60
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	815.23	198.17	1,013.40	2,030.27	494.33	2,524.60
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	815.23	198.17	1,013.40	2,030.27	494.33	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	815.23	379.87	1,195.10	2,030.27	951.23	2,981.50
FLORENCE								
	*	ARISE ASPIRUS	707.17	279.63	986.80	1,761.85	696.25	2,458.10
	3	STANDARD PLAN - BALANCE OF STATE	707.17	487.93	1,195.10	1,761.85	1,219.65	2,981.50
		STATE MAINTENANCE PLAN	707.17	96.43	803.60	1,761.85	240.25	2,002.10

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IYC Local Coinsurance w/Dental Option - P06

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	698.82	5.18	704.00	1,739.25	11.85	1,751.10
	ARISE HEALTH PLAN	698.82	331.98	1,030.80	1,739.25	828.85	2,568.10
	DEAN HEALTH INSURANCE	698.82	27.08	725.90	1,739.25	66.65	1,805.90
3	HUMANA - EASTERN	698.82	454.28	1,153.10	1,739.25	1,134.65	2,873.90
	NETWORK HEALTH NORTHEAST	698.82	48.48	747.30	1,739.25	120.15	1,859.40
	UNITEDHEALTHCARE OF WISCONSIN	698.82	187.18	886.00	1,739.25	466.85	2,206.10
	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
3	STANDARD PLAN - BALANCE OF STATE	698.82	496.28	1,195.10	1,739.25	1,242.25	2,981.50
FOREST							
*	ARISE ASPIRUS	707.17	279.63	986.80	1,761.85	696.25	2,458.10
3 *	SECURITY HEALTH PLAN	707.17	325.43	1,032.60	1,761.85	810.75	2,572.60
3	STANDARD PLAN - BALANCE OF STATE	707.17	487.93	1,195.10	1,761.85	1,219.65	2,981.50
	STATE MAINTENANCE PLAN	707.17	96.43	803.60	1,761.85	240.25	2,002.10
GRANT							
	DEAN HEALTH INSURANCE	624.11	101.79	725.90	1,552.50	253.40	1,805.90
	GUNDERSEN HEALTH PLAN	624.11	164.79	788.90	1,552.50	410.90	1,963.40
*	HEALTH TRADITION HEALTH PLAN	624.11	69.69	693.80	1,552.50	173.10	1,725.60
*	HEALTHPARTNERS HEALTH PLAN	624.11	265.79	889.90	1,552.50	663.40	2,215.90
	MEDICAL ASSOCIATES HEALTH PLANS	624.11	31.19	655.30	1,552.50	76.90	1,629.40
	PHYSICIANS PLUS	624.11	81.19	705.30	1,552.50	201.90	1,754.40
	UNITY HEALTH INSURANCE - COMMUNITY	624.11	46.59	670.70	1,552.50	115.40	1,667.90
3	STANDARD PLAN - DANE	624.11	486.99	1,111.10	1,552.50	1,219.00	2,771.50
GREEN							
	DEAN HEALTH INSURANCE	614.50	111.40	725.90	1,528.47	277.43	1,805.90
*	MERCYCARE HEALTH PLANS	614.50	71.80	686.30	1,528.47	178.43	1,706.90
	UNITY HEALTH INSURANCE - COMMUNITY	614.50	56.20	670.70	1,528.47	139.43	1,667.90
3	STANDARD PLAN - BALANCE OF STATE	614.50	580.60	1,195.10	1,528.47	1,453.03	2,981.50
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	690.58	13.42	704.00	1,718.64	32.46	1,751.10
*	ARISE HEALTH PLAN	690.58	340.22	1,030.80	1,718.64	849.46	2,568.10
*	DEAN HEALTH INSURANCE	690.58	35.32	725.90	1,718.64	87.26	1,805.90
3	HUMANA - EASTERN	690.58	462.52	1,153.10	1,718.64	1,155.26	2,873.90
	NETWORK HEALTH NORTHEAST	690.58	56.72	747.30	1,718.64	140.76	1,859.40
*	PHYSICIANS PLUS	690.58	14.72	705.30	1,718.64	35.76	1,754.40
	UNITEDHEALTHCARE OF WISCONSIN	690.58	195.42	886.00	1,718.64	487.46	2,206.10
	WEA TRUST - EAST	690.58	111.12	801.70	1,718.64	276.76	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	690.58	504.52	1,195.10	1,718.64	1,262.86	2,981.50
IOWA							
	DEAN HEALTH INSURANCE	606.58	119.32	725.90	1,508.67	297.23	1,805.90
	MEDICAL ASSOCIATES HEALTH PLANS	606.58	48.72	655.30	1,508.67	120.73	1,629.40
	PHYSICIANS PLUS	606.58	98.72	705.30	1,508.67	245.73	1,754.40
	UNITY HEALTH INSURANCE - COMMUNITY	606.58	64.12	670.70	1,508.67	159.23	1,667.90
3	STANDARD PLAN - BALANCE OF STATE	606.58	588.52	1,195.10	1,508.67	1,472.83	2,981.50

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IYC Local Coinsurance w/Dental Option - P06

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	707.17	291.83	999.00	1,761.85	726.75	2,488.60
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	707.17	306.23	1,013.40	1,761.85	762.75	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	707.17	487.93	1,195.10	1,761.85	1,219.65	2,981.50
	STATE MAINTENANCE PLAN	707.17	96.43	803.60	1,761.85	240.25	2,002.10
JACKSON							
	GUNDERSEN HEALTH PLAN	744.92	43.98	788.90	1,854.49	108.91	1,963.40
	HEALTH TRADITION HEALTH PLAN	693.80	-	693.80	1,725.60	-	1,725.60
	HEALTHPARTNERS HEALTH PLAN	744.92	144.98	889.90	1,854.49	361.41	2,215.90
3	SECURITY HEALTH PLAN	744.92	287.68	1,032.60	1,854.49	718.11	2,572.60
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	744.92	268.48	1,013.40	1,854.49	670.11	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	744.92	450.18	1,195.10	1,854.49	1,127.01	2,981.50
JEFFERSON							
	ANTHEM BLUE PREFERRED SOUTHEAST	653.69	129.11	782.80	1,626.43	321.67	1,948.10
	DEAN HEALTH INSURANCE	653.69	72.21	725.90	1,626.43	179.47	1,805.90
3	HUMANA - EASTERN	653.69	499.41	1,153.10	1,626.43	1,247.47	2,873.90
	MERCYCARE HEALTH PLANS	653.69	32.61	686.30	1,626.43	80.47	1,706.90
	PHYSICIANS PLUS	653.69	51.61	705.30	1,626.43	127.97	1,754.40
	UNITEDHEALTHCARE OF WISCONSIN	653.69	232.31	886.00	1,626.43	579.67	2,206.10
	UNITY HEALTH INSURANCE - COMMUNITY	653.69	17.01	670.70	1,626.43	41.47	1,667.90
3	STANDARD PLAN - DANE	653.69	457.41	1,111.10	1,626.43	1,145.07	2,771.50
JUNEAU							
*	ARISE ASPIRUS	644.23	342.57	986.80	1,602.78	855.32	2,458.10
*	DEAN HEALTH INSURANCE	644.23	81.67	725.90	1,602.78	203.12	1,805.90
	GUNDERSEN HEALTH PLAN	644.23	144.67	788.90	1,602.78	360.62	1,963.40
	HEALTH TRADITION HEALTH PLAN	644.23	49.57	693.80	1,602.78	122.82	1,725.60
	PHYSICIANS PLUS	644.23	61.07	705.30	1,602.78	151.62	1,754.40
3	SECURITY HEALTH PLAN	644.23	388.37	1,032.60	1,602.78	969.82	2,572.60
	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	WEA TRUST - EAST	644.23	157.47	801.70	1,602.78	392.62	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	644.23	550.87	1,195.10	1,602.78	1,378.72	2,981.50
KENOSHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	782.80	-	782.80	1,948.10	-	1,948.10
	ARISE HEALTH PLAN	791.88	238.92	1,030.80	1,971.87	596.23	2,568.10
3	HUMANA - EASTERN	791.88	361.22	1,153.10	1,971.87	902.03	2,873.90
	UNITEDHEALTHCARE OF WISCONSIN	791.88	94.12	886.00	1,971.87	234.23	2,206.10
3	STANDARD PLAN - WAUKESHA	791.88	403.22	1,195.10	1,971.87	1,009.63	2,981.50
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	752.95	277.85	1,030.80	1,874.55	693.55	2,568.10
*	DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
*	NETWORK HEALTH NORTHEAST	747.30	-	747.30	1,859.40	-	1,859.40
	UNITEDHEALTHCARE OF WISCONSIN	752.95	133.05	886.00	1,874.55	331.55	2,206.10
	WEA TRUST - EAST	752.95	48.75	801.70	1,874.55	120.85	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	752.95	442.15	1,195.10	1,874.55	1,106.95	2,981.50

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Coinsurance w/Dental Option - P06

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	744.92	43.98	788.90	1,854.49	108.91	1,963.40
	HEALTH TRADITION HEALTH PLAN	693.80	-	693.80	1,725.60	-	1,725.60
	HEALTHPARTNERS HEALTH PLAN	744.92	144.98	889.90	1,854.49	361.41	2,215.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	744.92	268.48	1,013.40	1,854.49	670.11	2,524.60
3	STANDARD PLAN - DANE	744.92	366.18	1,111.10	1,854.49	917.01	2,771.50
LAFAYETTE							
*	DEAN HEALTH INSURANCE	620.66	105.24	725.90	1,543.87	262.03	1,805.90
*	MEDICAL ASSOCIATES HEALTH PLANS	620.66	34.64	655.30	1,543.87	85.53	1,629.40
	PHYSICIANS PLUS	620.66	84.64	705.30	1,543.87	210.53	1,754.40
*	UNITY HEALTH INSURANCE - COMMUNITY	620.66	50.04	670.70	1,543.87	124.03	1,667.90
3	STANDARD PLAN - BALANCE OF STATE	620.66	574.44	1,195.10	1,543.87	1,437.63	2,981.50
LANGLADE							
	ARISE ASPIRUS	868.38	118.42	986.80	2,163.13	294.97	2,458.10
3	GHC OF EAU CLAIRE	868.38	130.62	999.00	2,163.13	325.47	2,488.60
*	HEALTHPARTNERS HEALTH PLAN	868.38	21.52	889.90	2,163.13	52.77	2,215.90
3	SECURITY HEALTH PLAN	868.38	164.22	1,032.60	2,163.13	409.47	2,572.60
3	STANDARD PLAN - BALANCE OF STATE	868.38	326.72	1,195.10	2,163.13	818.37	2,981.50
LINCOLN							
*	ARISE ASPIRUS	783.11	203.69	986.80	1,949.99	508.11	2,458.10
3	GHC OF EAU CLAIRE	783.11	215.89	999.00	1,949.99	538.61	2,488.60
	HEALTHPARTNERS HEALTH PLAN	783.11	106.79	889.90	1,949.99	265.91	2,215.90
3	SECURITY HEALTH PLAN	783.11	249.49	1,032.60	1,949.99	622.61	2,572.60
3	STANDARD PLAN - BALANCE OF STATE	783.11	411.99	1,195.10	1,949.99	1,031.51	2,981.50
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	714.72	316.08	1,030.80	1,778.99	789.11	2,568.10
	DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
3	HUMANA - EASTERN	714.72	438.38	1,153.10	1,778.99	1,094.91	2,873.90
	NETWORK HEALTH NORTHEAST	714.72	32.58	747.30	1,778.99	80.41	1,859.40
	UNITEDHEALTHCARE OF WISCONSIN	714.72	171.28	886.00	1,778.99	427.11	2,206.10
	WEA TRUST - EAST	714.72	86.98	801.70	1,778.99	216.41	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	714.72	480.38	1,195.10	1,778.99	1,202.51	2,981.50
MARATHON							
	ARISE ASPIRUS	785.66	201.14	986.80	1,956.36	501.74	2,458.10
3	GHC OF EAU CLAIRE	785.66	213.34	999.00	1,956.36	532.24	2,488.60
	HEALTHPARTNERS HEALTH PLAN	785.66	104.24	889.90	1,956.36	259.54	2,215.90
3	SECURITY HEALTH PLAN	785.66	246.94	1,032.60	1,956.36	616.24	2,572.60
	WEA TRUST - EAST	785.66	16.04	801.70	1,956.36	39.04	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	785.66	409.44	1,195.10	1,956.36	1,025.14	2,981.50
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	768.77	262.03	1,030.80	1,914.09	654.01	2,568.10
*	DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
3	HUMANA - EASTERN	768.77	384.33	1,153.10	1,914.09	959.81	2,873.90
	UNITEDHEALTHCARE OF WISCONSIN	768.77	117.23	886.00	1,914.09	292.01	2,206.10
3	STANDARD PLAN - BALANCE OF STATE	768.77	426.33	1,195.10	1,914.09	1,067.41	2,981.50

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Coinsurance w/Dental Option - P06

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	663.08	62.82	725.90	1,649.91	155.99	1,805.90
*	NETWORK HEALTH NORTHEAST	663.08	84.22	747.30	1,649.91	209.49	1,859.40
	PHYSICIANS PLUS	663.08	42.22	705.30	1,649.91	104.49	1,754.40
*	UNITEDHEALTHCARE OF WISCONSIN	663.08	222.92	886.00	1,649.91	556.19	2,206.10
*	UNITY HEALTH INSURANCE - COMMUNITY	663.08	7.62	670.70	1,649.91	17.99	1,667.90
	WEA TRUST - EAST	663.08	138.62	801.70	1,649.91	345.49	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	663.08	532.02	1,195.10	1,649.91	1,331.59	2,981.50
MENOMINEE							
*	WEA TRUST - EAST	707.17	94.53	801.70	1,761.85	233.55	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	707.17	487.93	1,195.10	1,761.85	1,219.65	2,981.50
	STATE MAINTENANCE PLAN	707.17	96.43	803.60	1,761.85	240.25	2,002.10
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	770.29	12.51	782.80	1,917.89	30.21	1,948.10
	ARISE HEALTH PLAN	770.29	260.51	1,030.80	1,917.89	650.21	2,568.10
3	HUMANA - EASTERN	770.29	382.81	1,153.10	1,917.89	956.01	2,873.90
* ^	NETWORK HEALTH SOUTHEAST	770.29	25.31	795.60	1,917.89	62.21	1,980.10
	UNITEDHEALTHCARE OF WISCONSIN	770.29	115.71	886.00	1,917.89	288.21	2,206.10
	WEA TRUST - EAST	770.29	31.41	801.70	1,917.89	77.51	1,995.40
3	STANDARD PLAN - MILWAUKEE	770.29	519.21	1,289.50	1,917.89	1,299.61	3,217.50
MONROE							
	GUNDERSEN HEALTH PLAN	695.96	92.94	788.90	1,732.10	231.30	1,963.40
	HEALTH TRADITION HEALTH PLAN	693.80	-	693.80	1,725.60	-	1,725.60
	HEALTHPARTNERS HEALTH PLAN	695.96	193.94	889.90	1,732.10	483.80	2,215.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	695.96	317.44	1,013.40	1,732.10	792.50	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	695.96	499.14	1,195.10	1,732.10	1,249.40	2,981.50
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	701.73	2.27	704.00	1,746.52	4.58	1,751.10
	ARISE HEALTH PLAN	701.73	329.07	1,030.80	1,746.52	821.58	2,568.10
	DEAN HEALTH INSURANCE - PREVEA360	701.73	1.57	703.30	1,746.52	2.88	1,749.40
3	HUMANA - EASTERN	701.73	451.37	1,153.10	1,746.52	1,127.38	2,873.90
	NETWORK HEALTH NORTHEAST	701.73	45.57	747.30	1,746.52	112.88	1,859.40
*	UNITEDHEALTHCARE OF WISCONSIN	701.73	184.27	886.00	1,746.52	459.58	2,206.10
	WEA TRUST - EAST	701.73	99.97	801.70	1,746.52	248.88	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	701.73	493.37	1,195.10	1,746.52	1,234.98	2,981.50
ONEIDA							
*	ARISE ASPIRUS	783.11	203.69	986.80	1,949.99	508.11	2,458.10
3	GHC OF EAU CLAIRE	783.11	215.89	999.00	1,949.99	538.61	2,488.60
	HEALTHPARTNERS HEALTH PLAN	783.11	106.79	889.90	1,949.99	265.91	2,215.90
3	SECURITY HEALTH PLAN	783.11	249.49	1,032.60	1,949.99	622.61	2,572.60
3	STANDARD PLAN - BALANCE OF STATE	783.11	411.99	1,195.10	1,949.99	1,031.51	2,981.50

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Coinsurance w/Dental Option - P06

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	704.00	-	704.00	1,751.10	-	1,751.10
		ARISE HEALTH PLAN	733.88	296.92	1,030.80	1,826.90	741.20	2,568.10
	*	DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
	3	HUMANA - EASTERN	733.88	419.22	1,153.10	1,826.90	1,047.00	2,873.90
		NETWORK HEALTH NORTHEAST	733.88	13.42	747.30	1,826.90	32.50	1,859.40
		UNITEDHEALTHCARE OF WISCONSIN	733.88	152.12	886.00	1,826.90	379.20	2,206.10
		WEA TRUST - EAST	733.88	67.82	801.70	1,826.90	168.50	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	733.88	461.22	1,195.10	1,826.90	1,154.60	2,981.50
OZAUKEE								
		ANTHEM BLUE PREFERRED SOUTHEAST	770.29	12.51	782.80	1,917.89	30.21	1,948.10
		ARISE HEALTH PLAN	770.29	260.51	1,030.80	1,917.89	650.21	2,568.10
	3	HUMANA - EASTERN	770.29	382.81	1,153.10	1,917.89	956.01	2,873.90
	* ^	NETWORK HEALTH SOUTHEAST	770.29	25.31	795.60	1,917.89	62.21	1,980.10
		UNITEDHEALTHCARE OF WISCONSIN	770.29	115.71	886.00	1,917.89	288.21	2,206.10
		WEA TRUST - EAST	770.29	31.41	801.70	1,917.89	77.51	1,995.40
	3	STANDARD PLAN - WAUKESHA	770.29	424.81	1,195.10	1,917.89	1,063.61	2,981.50
PEPIN								
	*	HEALTHPARTNERS HEALTH PLAN	707.17	182.73	889.90	1,761.85	454.05	2,215.90
	3 *	SECURITY HEALTH PLAN	707.17	325.43	1,032.60	1,761.85	810.75	2,572.60
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	707.17	306.23	1,013.40	1,761.85	762.75	2,524.60
	3	STANDARD PLAN - WAUKESHA	707.17	487.93	1,195.10	1,761.85	1,219.65	2,981.50
		STATE MAINTENANCE PLAN	707.17	96.43	803.60	1,761.85	240.25	2,002.10
PIERCE								
		HEALTHPARTNERS HEALTH PLAN	837.45	52.45	889.90	2,085.82	130.08	2,215.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	837.45	175.95	1,013.40	2,085.82	438.78	2,524.60
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	837.45	175.95	1,013.40	2,085.82	438.78	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	837.45	357.65	1,195.10	2,085.82	895.68	2,981.50
POLK								
		HEALTHPARTNERS HEALTH PLAN	837.45	52.45	889.90	2,085.82	130.08	2,215.90
	3	HUMANA - WESTERN	837.45	367.25	1,204.70	2,085.82	917.08	3,002.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	837.45	175.95	1,013.40	2,085.82	438.78	2,524.60
	3	STANDARD PLAN - DANE	837.45	273.65	1,111.10	2,085.82	685.68	2,771.50
PORTAGE								
	*	ARISE ASPIRUS	744.30	242.50	986.80	1,852.97	605.13	2,458.10
		HEALTHPARTNERS HEALTH PLAN	744.30	145.60	889.90	1,852.97	362.93	2,215.90
	3	SECURITY HEALTH PLAN	744.30	288.30	1,032.60	1,852.97	719.63	2,572.60
		WEA TRUST - EAST	744.30	57.40	801.70	1,852.97	142.43	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	744.30	450.80	1,195.10	1,852.97	1,128.53	2,981.50
PRICE								
	3	GHC OF EAU CLAIRE	707.17	291.83	999.00	1,761.85	726.75	2,488.60
	*	HEALTHPARTNERS HEALTH PLAN	707.17	182.73	889.90	1,761.85	454.05	2,215.90
	3 *	SECURITY HEALTH PLAN	707.17	325.43	1,032.60	1,761.85	810.75	2,572.60
	3	STANDARD PLAN - BALANCE OF STATE	707.17	487.93	1,195.10	1,761.85	1,219.65	2,981.50
		STATE MAINTENANCE PLAN	707.17	96.43	803.60	1,761.85	240.25	2,002.10

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Coinsurance w/Dental Option - P06

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	734.27	48.53	782.80	1,827.85	120.25	1,948.10
	*	ARISE HEALTH PLAN	734.27	296.53	1,030.80	1,827.85	740.25	2,568.10
	3	HUMANA - EASTERN	734.27	418.83	1,153.10	1,827.85	1,046.05	2,873.90
	* ^	NETWORK HEALTH SOUTHEAST	734.27	61.33	795.60	1,827.85	152.25	1,980.10
		UNITEDHEALTHCARE OF WISCONSIN	734.27	151.73	886.00	1,827.85	378.25	2,206.10
	3	STANDARD PLAN - WAUKESHA	734.27	460.83	1,195.10	1,827.85	1,153.65	2,981.50
RICHLAND								
		DEAN HEALTH INSURANCE	630.89	95.01	725.90	1,569.43	236.47	1,805.90
		GUNDERSEN HEALTH PLAN	630.89	158.01	788.90	1,569.43	393.97	1,963.40
		HEALTH TRADITION HEALTH PLAN	630.89	62.91	693.80	1,569.43	156.17	1,725.60
		PHYSICIANS PLUS	630.89	74.41	705.30	1,569.43	184.97	1,754.40
		UNITY HEALTH INSURANCE - COMMUNITY	630.89	39.81	670.70	1,569.43	98.47	1,667.90
	3	STANDARD PLAN - BALANCE OF STATE	630.89	564.21	1,195.10	1,569.43	1,412.07	2,981.50
ROCK								
		ANTHEM BLUE PREFERRED SOUTHEAST	667.83	114.97	782.80	1,661.78	286.32	1,948.10
		DEAN HEALTH INSURANCE	667.83	58.07	725.90	1,661.78	144.12	1,805.90
	3 *	HUMANA - EASTERN	667.83	485.27	1,153.10	1,661.78	1,212.12	2,873.90
		MERCYCARE HEALTH PLANS	667.83	18.47	686.30	1,661.78	45.12	1,706.90
	*	PHYSICIANS PLUS	667.83	37.47	705.30	1,661.78	92.62	1,754.40
		UNITEDHEALTHCARE OF WISCONSIN	667.83	218.17	886.00	1,661.78	544.32	2,206.10
		UNITY HEALTH INSURANCE - COMMUNITY	667.83	2.87	670.70	1,661.78	6.12	1,667.90
		WEA TRUST - EAST	667.83	133.87	801.70	1,661.78	333.62	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	667.83	527.27	1,195.10	1,661.78	1,319.72	2,981.50
RUSK								
	*	HEALTHPARTNERS HEALTH PLAN	889.90	-	889.90	2,215.90	-	2,215.90
	3	SECURITY HEALTH PLAN	891.79	140.81	1,032.60	2,221.65	350.95	2,572.60
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	891.79	121.61	1,013.40	2,221.65	302.95	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	891.79	303.31	1,195.10	2,221.65	759.85	2,981.50
SAUK								
		DEAN HEALTH INSURANCE	621.27	104.63	725.90	1,545.37	260.53	1,805.90
		GHC OF SOUTH CENTRAL WISCONSIN	621.27	30.03	651.30	1,545.37	74.03	1,619.40
		GUNDERSEN HEALTH PLAN	621.27	167.63	788.90	1,545.37	418.03	1,963.40
		HEALTH TRADITION HEALTH PLAN	621.27	72.53	693.80	1,545.37	180.23	1,725.60
		PHYSICIANS PLUS	621.27	84.03	705.30	1,545.37	209.03	1,754.40
		UNITY HEALTH INSURANCE - COMMUNITY	621.27	49.43	670.70	1,545.37	122.53	1,667.90
	3	STANDARD PLAN - BALANCE OF STATE	621.27	573.83	1,195.10	1,545.37	1,436.13	2,981.50
SAWYER								
	3	GHC OF EAU CLAIRE	783.11	215.89	999.00	1,949.99	538.61	2,488.60
		HEALTHPARTNERS HEALTH PLAN	783.11	106.79	889.90	1,949.99	265.91	2,215.90
	3	SECURITY HEALTH PLAN	783.11	249.49	1,032.60	1,949.99	622.61	2,572.60
	3	STANDARD PLAN - BALANCE OF STATE	783.11	411.99	1,195.10	1,949.99	1,031.51	2,981.50

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IYC Local Coinsurance w/Dental Option - P06

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	704.00	-	704.00	1,751.10	-	1,751.10
		ARISE HEALTH PLAN	733.88	296.92	1,030.80	1,826.90	741.20	2,568.10
	3 *	HUMANA - EASTERN	733.88	419.22	1,153.10	1,826.90	1,047.00	2,873.90
		NETWORK HEALTH NORTHEAST	733.88	13.42	747.30	1,826.90	32.50	1,859.40
		UNITEDHEALTHCARE OF WISCONSIN	733.88	152.12	886.00	1,826.90	379.20	2,206.10
		WEA TRUST - EAST	733.88	67.82	801.70	1,826.90	168.50	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	733.88	461.22	1,195.10	1,826.90	1,154.60	2,981.50
SHEBOYGAN								
		ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
		ARISE HEALTH PLAN	714.72	316.08	1,030.80	1,778.99	789.11	2,568.10
		DEAN HEALTH INSURANCE - PREVEA360	703.30	-	703.30	1,749.40	-	1,749.40
	3	HUMANA - EASTERN	714.72	438.38	1,153.10	1,778.99	1,094.91	2,873.90
		NETWORK HEALTH NORTHEAST	714.72	32.58	747.30	1,778.99	80.41	1,859.40
		UNITEDHEALTHCARE OF WISCONSIN	714.72	171.28	886.00	1,778.99	427.11	2,206.10
		WEA TRUST - EAST	714.72	86.98	801.70	1,778.99	216.41	1,995.40
	3	STANDARD PLAN - BALANCE OF STATE	714.72	480.38	1,195.10	1,778.99	1,202.51	2,981.50
ST. CROIX								
		HEALTHPARTNERS HEALTH PLAN	837.45	52.45	889.90	2,085.82	130.08	2,215.90
	3	HUMANA - WESTERN	837.45	367.25	1,204.70	2,085.82	917.08	3,002.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	837.45	175.95	1,013.40	2,085.82	438.78	2,524.60
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	837.45	175.95	1,013.40	2,085.82	438.78	2,524.60
	3	STANDARD PLAN - DANE	837.45	273.65	1,111.10	2,085.82	685.68	2,771.50
TAYLOR								
		ARISE ASPIRUS	868.38	118.42	986.80	2,163.13	294.97	2,458.10
	3	GHC OF EAU CLAIRE	868.38	130.62	999.00	2,163.13	325.47	2,488.60
	*	HEALTHPARTNERS HEALTH PLAN	868.38	21.52	889.90	2,163.13	52.77	2,215.90
	3	SECURITY HEALTH PLAN	868.38	164.22	1,032.60	2,163.13	409.47	2,572.60
	3	STANDARD PLAN - BALANCE OF STATE	868.38	326.72	1,195.10	2,163.13	818.37	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	793.01	96.89	889.90	1,974.72	241.18	2,215.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	793.01	220.39	1,013.40	1,974.72	549.88	2,524.60
	3	STANDARD PLAN - BALANCE OF STATE	793.01	402.09	1,195.10	1,974.72	1,006.78	2,981.50
VERNON								
	*	DEAN HEALTH INSURANCE	669.53	56.37	725.90	1,666.02	139.88	1,805.90
		GUNDERSEN HEALTH PLAN	669.53	119.37	788.90	1,666.02	297.38	1,963.40
		HEALTH TRADITION HEALTH PLAN	669.53	24.27	693.80	1,666.02	59.58	1,725.60
		HEALTHPARTNERS HEALTH PLAN	669.53	220.37	889.90	1,666.02	549.88	2,215.90
	*	PHYSICIANS PLUS	669.53	35.77	705.30	1,666.02	88.38	1,754.40
		UNITY HEALTH INSURANCE - COMMUNITY	669.53	1.17	670.70	1,666.02	1.88	1,667.90
	3	STANDARD PLAN - BALANCE OF STATE	669.53	525.57	1,195.10	1,666.02	1,315.48	2,981.50

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 Coinsurance w/Dental Option - P06

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	707.17	279.63	986.80	1,761.85	696.25	2,458.10
3 *	GHC OF EAU CLAIRE	707.17	291.83	999.00	1,761.85	726.75	2,488.60
*	HEALTHPARTNERS HEALTH PLAN	707.17	182.73	889.90	1,761.85	454.05	2,215.90
3 *	SECURITY HEALTH PLAN	707.17	325.43	1,032.60	1,761.85	810.75	2,572.60
3 *	STANDARD PLAN - BALANCE OF STATE	707.17	487.93	1,195.10	1,761.85	1,219.65	2,981.50
	STATE MAINTENANCE PLAN	707.17	96.43	803.60	1,761.85	240.25	2,002.10
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	712.55	70.25	782.80	1,773.57	174.53	1,948.10
	ARISE HEALTH PLAN	712.55	318.25	1,030.80	1,773.57	794.53	2,568.10
*	DEAN HEALTH INSURANCE	712.55	13.35	725.90	1,773.57	32.33	1,805.90
3	HUMANA - EASTERN	712.55	440.55	1,153.10	1,773.57	1,100.33	2,873.90
	MERCYCARE HEALTH PLANS	686.30	-	686.30	1,706.90	-	1,706.90
*	PHYSICIANS PLUS	705.30	-	705.30	1,754.40	-	1,754.40
	UNITEDHEALTHCARE OF WISCONSIN	712.55	173.45	886.00	1,773.57	432.53	2,206.10
	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	WEA TRUST - EAST	712.55	89.15	801.70	1,773.57	221.83	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	712.55	482.55	1,195.10	1,773.57	1,207.93	2,981.50
WASHBURN							
3	GHC OF EAU CLAIRE	837.45	161.55	999.00	2,085.82	402.78	2,488.60
	HEALTHPARTNERS HEALTH PLAN	837.45	52.45	889.90	2,085.82	130.08	2,215.90
3	SECURITY HEALTH PLAN	837.45	195.15	1,032.60	2,085.82	486.78	2,572.60
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	837.45	175.95	1,013.40	2,085.82	438.78	2,524.60
3	STANDARD PLAN - BALANCE OF STATE	837.45	357.65	1,195.10	2,085.82	895.68	2,981.50
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	770.29	12.51	782.80	1,917.89	30.21	1,948.10
	ARISE HEALTH PLAN	770.29	260.51	1,030.80	1,917.89	650.21	2,568.10
3	HUMANA - EASTERN	770.29	382.81	1,153.10	1,917.89	956.01	2,873.90
* ^	NETWORK HEALTH SOUTHEAST	770.29	25.31	795.60	1,917.89	62.21	1,980.10
	UNITEDHEALTHCARE OF WISCONSIN	770.29	115.71	886.00	1,917.89	288.21	2,206.10
	WEA TRUST - EAST	770.29	31.41	801.70	1,917.89	77.51	1,995.40
3	STANDARD PLAN - WAUKESHA	770.29	424.81	1,195.10	1,917.89	1,063.61	2,981.50
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	718.36	64.44	782.80	1,788.09	160.01	1,948.10
	ARISE HEALTH PLAN	718.36	312.44	1,030.80	1,788.09	780.01	2,568.10
	DEAN HEALTH INSURANCE	718.36	7.54	725.90	1,788.09	17.81	1,805.90
3	HUMANA - EASTERN	718.36	434.74	1,153.10	1,788.09	1,085.81	2,873.90
* ^	NETWORK HEALTH SOUTHEAST	718.36	77.24	795.60	1,788.09	192.01	1,980.10
*	PHYSICIANS PLUS	705.30	-	705.30	1,754.40	-	1,754.40
	UNITEDHEALTHCARE OF WISCONSIN	718.36	167.64	886.00	1,788.09	418.01	2,206.10
	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	WEA TRUST - EAST	718.36	83.34	801.70	1,788.09	207.31	1,995.40
3	STANDARD PLAN - WAUKESHA	718.36	476.74	1,195.10	1,788.09	1,193.41	2,981.50

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Coinsurance w/Dental Option - P06

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	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	733.88	296.92	1,030.80	1,826.90	741.20	2,568.10
3	HUMANA - EASTERN	733.88	419.22	1,153.10	1,826.90	1,047.00	2,873.90
	NETWORK HEALTH NORTHEAST	733.88	13.42	747.30	1,826.90	32.50	1,859.40
3	SECURITY HEALTH PLAN	733.88	298.72	1,032.60	1,826.90	745.70	2,572.60
	UNITEDHEALTHCARE OF WISCONSIN	733.88	152.12	886.00	1,826.90	379.20	2,206.10
	WEA TRUST - EAST	733.88	67.82	801.70	1,826.90	168.50	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	733.88	461.22	1,195.10	1,826.90	1,154.60	2,981.50
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	676.60	27.40	704.00	1,683.69	67.41	1,751.10
*	ARISE HEALTH PLAN	676.60	354.20	1,030.80	1,683.69	884.41	2,568.10
3	HUMANA - EASTERN	676.60	476.50	1,153.10	1,683.69	1,190.21	2,873.90
	NETWORK HEALTH NORTHEAST	676.60	70.70	747.30	1,683.69	175.71	1,859.40
	PHYSICIANS PLUS	676.60	28.70	705.30	1,683.69	70.71	1,754.40
3	SECURITY HEALTH PLAN	676.60	356.00	1,032.60	1,683.69	888.91	2,572.60
	UNITEDHEALTHCARE OF WISCONSIN	676.60	209.40	886.00	1,683.69	522.41	2,206.10
	WEA TRUST - EAST	676.60	125.10	801.70	1,683.69	311.71	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	676.60	518.50	1,195.10	1,683.69	1,297.81	2,981.50
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	704.00	-	704.00	1,751.10	-	1,751.10
	ARISE HEALTH PLAN	733.88	296.92	1,030.80	1,826.90	741.20	2,568.10
3	HUMANA - EASTERN	733.88	419.22	1,153.10	1,826.90	1,047.00	2,873.90
	NETWORK HEALTH NORTHEAST	733.88	13.42	747.30	1,826.90	32.50	1,859.40
	UNITEDHEALTHCARE OF WISCONSIN	733.88	152.12	886.00	1,826.90	379.20	2,206.10
	WEA TRUST - EAST	733.88	67.82	801.70	1,826.90	168.50	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	733.88	461.22	1,195.10	1,826.90	1,154.60	2,981.50
WOOD							
	ARISE ASPIRUS	786.94	199.86	986.80	1,959.54	498.56	2,458.10
*	HEALTHPARTNERS HEALTH PLAN	786.94	102.96	889.90	1,959.54	256.36	2,215.90
*	PHYSICIANS PLUS	705.30	-	705.30	1,754.40	-	1,754.40
3	SECURITY HEALTH PLAN	786.94	245.66	1,032.60	1,959.54	613.06	2,572.60
*	UNITY HEALTH INSURANCE - COMMUNITY	670.70	-	670.70	1,667.90	-	1,667.90
	WEA TRUST - EAST	786.94	14.76	801.70	1,959.54	35.86	1,995.40
3	STANDARD PLAN - BALANCE OF STATE	786.94	408.16	1,195.10	1,959.54	1,021.96	2,981.50