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 HDHP w/Dental Option - P07

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	605.96	18.64	624.60	1,505.60	47.00	1,552.60
		PHYSICIANS PLUS	605.96	0.94	606.90	1,505.60	2.80	1,508.40
	3	SECURITY HEALTH PLAN	605.96	282.94	888.90	1,505.60	707.80	2,213.40
		UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
		WEA TRUST - EAST	605.96	83.94	689.90	1,505.60	210.30	1,715.90
	3	STANDARD PLAN - BALANCE OF STATE	605.96	415.04	1,021.00	1,505.60	1,041.80	2,547.40
ASHLAND								
	3	GHC OF EAU CLAIRE	804.30	55.60	859.90	2,001.41	139.49	2,140.90
		HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
	3	SECURITY HEALTH PLAN	804.30	84.60	888.90	2,001.41	211.99	2,213.40
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	804.30	68.00	872.30	2,001.41	170.49	2,171.90
	3	STANDARD PLAN - BALANCE OF STATE	804.30	216.70	1,021.00	2,001.41	545.99	2,547.40
BARRON								
		HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
	3	HUMANA - WESTERN	804.30	233.00	1,037.30	2,001.41	582.99	2,584.40
	3	SECURITY HEALTH PLAN	804.30	84.60	888.90	2,001.41	211.99	2,213.40
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	804.30	68.00	872.30	2,001.41	170.49	2,171.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	804.30	68.00	872.30	2,001.41	170.49	2,171.90
	3	STANDARD PLAN - BALANCE OF STATE	804.30	216.70	1,021.00	2,001.41	545.99	2,547.40
BAYFIELD								
	3 *	GHC OF EAU CLAIRE	743.82	116.08	859.90	1,852.31	288.59	2,140.90
	3 *	SECURITY HEALTH PLAN	743.82	145.08	888.90	1,852.31	361.09	2,213.40
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	743.82	128.48	872.30	1,852.31	319.59	2,171.90
	3	STANDARD PLAN - BALANCE OF STATE	743.82	277.18	1,021.00	1,852.31	695.09	2,547.40
		STATE MAINTENANCE PLAN	708.40	-	708.40	1,764.10	-	1,764.10
BROWN								
		ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
		ARISE HEALTH PLAN	635.36	252.04	887.40	1,579.10	630.50	2,209.60
		DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
	3	HUMANA - EASTERN	635.36	357.44	992.80	1,579.10	894.00	2,473.10
		NETWORK HEALTH NORTHEAST	635.36	7.74	643.10	1,579.10	19.80	1,598.90
		UNITEDHEALTHCARE OF WISCONSIN	635.36	127.24	762.60	1,579.10	318.50	1,897.60
		WEA TRUST - EAST	635.36	54.54	689.90	1,579.10	136.80	1,715.90
	3	STANDARD PLAN - BALANCE OF STATE	635.36	385.64	1,021.00	1,579.10	968.30	2,547.40
BUFFALO								
	*	HEALTH TRADITION HEALTH PLAN	596.90	-	596.90	1,483.40	-	1,483.40
	3	STANDARD PLAN - BALANCE OF STATE	743.82	277.18	1,021.00	1,852.31	695.09	2,547.40
		STATE MAINTENANCE PLAN	708.40	-	708.40	1,764.10	-	1,764.10
BURNETT								
	3	GHC OF EAU CLAIRE	804.30	55.60	859.90	2,001.41	139.49	2,140.90
		HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
	3	SECURITY HEALTH PLAN	804.30	84.60	888.90	2,001.41	211.99	2,213.40
	3	STANDARD PLAN - BALANCE OF STATE	804.30	216.70	1,021.00	2,001.41	545.99	2,547.40

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 HDHP w/Dental Option - P07

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	605.80	-	605.80	1,505.60	-	1,505.60
*	ARISE HEALTH PLAN	636.09	251.31	887.40	1,580.88	628.72	2,209.60
3 *	HUMANA - EASTERN	636.09	356.71	992.80	1,580.88	892.22	2,473.10
	NETWORK HEALTH NORTHEAST	636.09	7.01	643.10	1,580.88	18.02	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	636.09	126.51	762.60	1,580.88	316.72	1,897.60
*	WEA TRUST - EAST	636.09	53.81	689.90	1,580.88	135.02	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	636.09	384.91	1,021.00	1,580.88	966.52	2,547.40
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	678.90	-	678.90	1,688.40	-	1,688.40
	HEALTHPARTNERS HEALTH PLAN	712.85	53.15	766.00	1,772.82	133.28	1,906.10
3	HUMANA - WESTERN	712.85	324.45	1,037.30	1,772.82	811.58	2,584.40
3	SECURITY HEALTH PLAN	712.85	176.05	888.90	1,772.82	440.58	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	712.85	159.45	872.30	1,772.82	399.08	2,171.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	712.85	159.45	872.30	1,772.82	399.08	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	712.85	308.15	1,021.00	1,772.82	774.58	2,547.40
CLARK							
*	ARISE ASPIRUS	712.85	136.55	849.40	1,772.82	341.78	2,114.60
3	GHC OF EAU CLAIRE	712.85	147.05	859.90	1,772.82	368.08	2,140.90
	GUNDERSEN HEALTH PLAN	678.90	-	678.90	1,688.40	-	1,688.40
	HEALTHPARTNERS HEALTH PLAN	712.85	53.15	766.00	1,772.82	133.28	1,906.10
3	SECURITY HEALTH PLAN	712.85	176.05	888.90	1,772.82	440.58	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	712.85	159.45	872.30	1,772.82	399.08	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	712.85	308.15	1,021.00	1,772.82	774.58	2,547.40
COLUMBIA							
	DEAN HEALTH INSURANCE	588.32	36.28	624.60	1,461.50	91.10	1,552.60
	GHC OF SOUTH CENTRAL WISCONSIN	560.30	-	560.30	1,391.90	-	1,391.90
	PHYSICIANS PLUS	588.32	18.58	606.90	1,461.50	46.90	1,508.40
	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
	WEA TRUST - EAST	588.32	101.58	689.90	1,461.50	254.40	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	588.32	432.68	1,021.00	1,461.50	1,085.90	2,547.40
CRAWFORD							
	GUNDERSEN HEALTH PLAN	591.99	86.91	678.90	1,470.63	217.77	1,688.40
	HEALTH TRADITION HEALTH PLAN	591.99	4.91	596.90	1,470.63	12.77	1,483.40
	HEALTHPARTNERS HEALTH PLAN	591.99	174.01	766.00	1,470.63	435.47	1,906.10
	MEDICAL ASSOCIATES HEALTH PLANS	563.80	-	563.80	1,400.60	-	1,400.60
*	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	591.99	280.31	872.30	1,470.63	701.27	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	591.99	429.01	1,021.00	1,470.63	1,076.77	2,547.40
DANE							
	DEAN HEALTH INSURANCE	556.29	68.31	624.60	1,381.38	171.22	1,552.60
	GHC OF SOUTH CENTRAL WISCONSIN	556.29	4.01	560.30	1,381.38	10.52	1,391.90
	PHYSICIANS PLUS	556.29	50.61	606.90	1,381.38	127.02	1,508.40
	UNITY HEALTH INSURANCE - UW HEALTH	529.80	-	529.80	1,315.60	-	1,315.60
	WEA TRUST - SOUTH CENTRAL	532.50	-	532.50	1,322.40	-	1,322.40
3	STANDARD PLAN - DANE	556.29	392.31	948.60	1,381.38	985.02	2,366.40

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 HDHP w/Dental Option - P07

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	605.96	67.64	673.60	1,505.60	169.50	1,675.10
*	ARISE HEALTH PLAN	605.96	281.44	887.40	1,505.60	704.00	2,209.60
	DEAN HEALTH INSURANCE	605.96	18.64	624.60	1,505.60	47.00	1,552.60
3	HUMANA - EASTERN	605.96	386.84	992.80	1,505.60	967.50	2,473.10
	NETWORK HEALTH NORTHEAST	605.96	37.14	643.10	1,505.60	93.30	1,598.90
	PHYSICIANS PLUS	605.96	0.94	606.90	1,505.60	2.80	1,508.40
	UNITEDHEALTHCARE OF WISCONSIN	605.96	156.64	762.60	1,505.60	392.00	1,897.60
	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
	WEA TRUST - EAST	605.96	83.94	689.90	1,505.60	210.30	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	605.96	415.04	1,021.00	1,505.60	1,041.80	2,547.40
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	636.09	251.31	887.40	1,580.88	628.72	2,209.60
*	DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
3	HUMANA - EASTERN	636.09	356.71	992.80	1,580.88	892.22	2,473.10
	NETWORK HEALTH NORTHEAST	636.09	7.01	643.10	1,580.88	18.02	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	636.09	126.51	762.60	1,580.88	316.72	1,897.60
	WEA TRUST - EAST	636.09	53.81	689.90	1,580.88	135.02	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	636.09	384.91	1,021.00	1,580.88	966.52	2,547.40
DOUGLAS							
3	GHC OF EAU CLAIRE	804.30	55.60	859.90	2,001.41	139.49	2,140.90
	HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
3	SECURITY HEALTH PLAN	804.30	84.60	888.90	2,001.41	211.99	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	804.30	68.00	872.30	2,001.41	170.49	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	804.30	216.70	1,021.00	2,001.41	545.99	2,547.40
DUNN							
3	HUMANA - WESTERN	915.92	121.38	1,037.30	2,280.50	303.90	2,584.40
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	872.30	-	872.30	2,171.90	-	2,171.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	872.30	-	872.30	2,171.90	-	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	915.92	105.08	1,021.00	2,280.50	266.90	2,547.40
EAU CLAIRE							
	GUNDERSEN HEALTH PLAN	678.90	-	678.90	1,688.40	-	1,688.40
	HEALTHPARTNERS HEALTH PLAN	712.85	53.15	766.00	1,772.82	133.28	1,906.10
3	HUMANA - WESTERN	712.85	324.45	1,037.30	1,772.82	811.58	2,584.40
3	SECURITY HEALTH PLAN	712.85	176.05	888.90	1,772.82	440.58	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	712.85	159.45	872.30	1,772.82	399.08	2,171.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	712.85	159.45	872.30	1,772.82	399.08	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	712.85	308.15	1,021.00	1,772.82	774.58	2,547.40
FLORENCE							
*	ARISE ASPIRUS	743.82	105.58	849.40	1,852.31	262.29	2,114.60
3	STANDARD PLAN - BALANCE OF STATE	743.82	277.18	1,021.00	1,852.31	695.09	2,547.40
	STATE MAINTENANCE PLAN	708.40	-	708.40	1,764.10	-	1,764.10

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 HDHP w/Dental Option - P07

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	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	605.96	281.44	887.40	1,505.60	704.00	2,209.60
	DEAN HEALTH INSURANCE	605.96	18.64	624.60	1,505.60	47.00	1,552.60
3	HUMANA - EASTERN	605.96	386.84	992.80	1,505.60	967.50	2,473.10
	NETWORK HEALTH NORTHEAST	605.96	37.14	643.10	1,505.60	93.30	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	605.96	156.64	762.60	1,505.60	392.00	1,897.60
	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
3	STANDARD PLAN - BALANCE OF STATE	605.96	415.04	1,021.00	1,505.60	1,041.80	2,547.40
FOREST							
*	ARISE ASPIRUS	743.82	105.58	849.40	1,852.31	262.29	2,114.60
3	SECURITY HEALTH PLAN	743.82	145.08	888.90	1,852.31	361.09	2,213.40
3	STANDARD PLAN - BALANCE OF STATE	743.82	277.18	1,021.00	1,852.31	695.09	2,547.40
	STATE MAINTENANCE PLAN	708.40	-	708.40	1,764.10	-	1,764.10
GRANT							
	DEAN HEALTH INSURANCE	591.99	32.61	624.60	1,470.63	81.97	1,552.60
	GUNDERSEN HEALTH PLAN	591.99	86.91	678.90	1,470.63	217.77	1,688.40
*	HEALTH TRADITION HEALTH PLAN	591.99	4.91	596.90	1,470.63	12.77	1,483.40
*	HEALTHPARTNERS HEALTH PLAN	591.99	174.01	766.00	1,470.63	435.47	1,906.10
	MEDICAL ASSOCIATES HEALTH PLANS	563.80	-	563.80	1,400.60	-	1,400.60
	PHYSICIANS PLUS	591.99	14.91	606.90	1,470.63	37.77	1,508.40
	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
3	STANDARD PLAN - DANE	591.99	356.61	948.60	1,470.63	895.77	2,366.40
GREEN							
	DEAN HEALTH INSURANCE	605.96	18.64	624.60	1,505.60	47.00	1,552.60
*	MERCYCARE HEALTH PLANS	590.50	-	590.50	1,467.40	-	1,467.40
	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
3	STANDARD PLAN - BALANCE OF STATE	605.96	415.04	1,021.00	1,505.60	1,041.80	2,547.40
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
*	ARISE HEALTH PLAN	636.09	251.31	887.40	1,580.88	628.72	2,209.60
*	DEAN HEALTH INSURANCE	624.60	-	624.60	1,552.60	-	1,552.60
3	HUMANA - EASTERN	636.09	356.71	992.80	1,580.88	892.22	2,473.10
	NETWORK HEALTH NORTHEAST	636.09	7.01	643.10	1,580.88	18.02	1,598.90
*	PHYSICIANS PLUS	606.90	-	606.90	1,508.40	-	1,508.40
	UNITEDHEALTHCARE OF WISCONSIN	636.09	126.51	762.60	1,580.88	316.72	1,897.60
	WEA TRUST - EAST	636.09	53.81	689.90	1,580.88	135.02	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	636.09	384.91	1,021.00	1,580.88	966.52	2,547.40
IOWA							
	DEAN HEALTH INSURANCE	591.99	32.61	624.60	1,470.63	81.97	1,552.60
	MEDICAL ASSOCIATES HEALTH PLANS	563.80	-	563.80	1,400.60	-	1,400.60
	PHYSICIANS PLUS	591.99	14.91	606.90	1,470.63	37.77	1,508.40
	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
3	STANDARD PLAN - BALANCE OF STATE	591.99	429.01	1,021.00	1,470.63	1,076.77	2,547.40

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 HDHP w/Dental Option - P07

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	743.82	116.08	859.90	1,852.31	288.59	2,140.90
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	743.82	128.48	872.30	1,852.31	319.59	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	743.82	277.18	1,021.00	1,852.31	695.09	2,547.40
	STATE MAINTENANCE PLAN	708.40	-	708.40	1,764.10	-	1,764.10
JACKSON							
	GUNDERSEN HEALTH PLAN	626.75	52.15	678.90	1,557.57	130.83	1,688.40
	HEALTH TRADITION HEALTH PLAN	596.90	-	596.90	1,483.40	-	1,483.40
	HEALTHPARTNERS HEALTH PLAN	626.75	139.25	766.00	1,557.57	348.53	1,906.10
3	SECURITY HEALTH PLAN	626.75	262.15	888.90	1,557.57	655.83	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	626.75	245.55	872.30	1,557.57	614.33	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	626.75	394.25	1,021.00	1,557.57	989.83	2,547.40
JEFFERSON							
	ANTHEM BLUE PREFERRED SOUTHEAST	605.96	67.64	673.60	1,505.60	169.50	1,675.10
	DEAN HEALTH INSURANCE	605.96	18.64	624.60	1,505.60	47.00	1,552.60
3	HUMANA - EASTERN	605.96	386.84	992.80	1,505.60	967.50	2,473.10
	MERCYCARE HEALTH PLANS	590.50	-	590.50	1,467.40	-	1,467.40
	PHYSICIANS PLUS	605.96	0.94	606.90	1,505.60	2.80	1,508.40
	UNITEDHEALTHCARE OF WISCONSIN	605.96	156.64	762.60	1,505.60	392.00	1,897.60
	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
3	STANDARD PLAN - DANE	605.96	342.64	948.60	1,505.60	860.80	2,366.40
JUNEAU							
*	ARISE ASPIRUS	605.96	243.44	849.40	1,505.60	609.00	2,114.60
*	DEAN HEALTH INSURANCE	605.96	18.64	624.60	1,505.60	47.00	1,552.60
	GUNDERSEN HEALTH PLAN	605.96	72.94	678.90	1,505.60	182.80	1,688.40
	HEALTH TRADITION HEALTH PLAN	596.90	-	596.90	1,483.40	-	1,483.40
	PHYSICIANS PLUS	605.96	0.94	606.90	1,505.60	2.80	1,508.40
	SECURITY HEALTH PLAN	605.96	282.94	888.90	1,505.60	707.80	2,213.40
	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
	WEA TRUST - EAST	605.96	83.94	689.90	1,505.60	210.30	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	605.96	415.04	1,021.00	1,505.60	1,041.80	2,547.40
KENOSHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	673.60	-	673.60	1,675.10	-	1,675.10
	ARISE HEALTH PLAN	707.28	180.12	887.40	1,758.86	450.74	2,209.60
3	HUMANA - EASTERN	707.28	285.52	992.80	1,758.86	714.24	2,473.10
	UNITEDHEALTHCARE OF WISCONSIN	707.28	55.32	762.60	1,758.86	138.74	1,897.60
3	STANDARD PLAN - WAUKESHA	707.28	313.72	1,021.00	1,758.86	788.54	2,547.40
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	636.09	251.31	887.40	1,580.88	628.72	2,209.60
*	DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
	NETWORK HEALTH NORTHEAST	636.09	7.01	643.10	1,580.88	18.02	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	636.09	126.51	762.60	1,580.88	316.72	1,897.60
	WEA TRUST - EAST	636.09	53.81	689.90	1,580.88	135.02	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	636.09	384.91	1,021.00	1,580.88	966.52	2,547.40

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 HDHP w/Dental Option - P07

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	626.75	52.15	678.90	1,557.57	130.83	1,688.40
	HEALTH TRADITION HEALTH PLAN	596.90	-	596.90	1,483.40	-	1,483.40
	HEALTHPARTNERS HEALTH PLAN	626.75	139.25	766.00	1,557.57	348.53	1,906.10
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	626.75	245.55	872.30	1,557.57	614.33	2,171.90
3	STANDARD PLAN - DANE	626.75	321.85	948.60	1,557.57	808.83	2,366.40
LAFAYETTE							
*	DEAN HEALTH INSURANCE	591.99	32.61	624.60	1,470.63	81.97	1,552.60
	MEDICAL ASSOCIATES HEALTH PLANS	563.80	-	563.80	1,400.60	-	1,400.60
	PHYSICIANS PLUS	591.99	14.91	606.90	1,470.63	37.77	1,508.40
*	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
3	STANDARD PLAN - BALANCE OF STATE	591.99	429.01	1,021.00	1,470.63	1,076.77	2,547.40
LANGLADE							
	ARISE ASPIRUS	849.40	-	849.40	2,114.60	-	2,114.60
3	GHC OF EAU CLAIRE	859.90	-	859.90	2,140.90	-	2,140.90
*	HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
3	SECURITY HEALTH PLAN	888.90	-	888.90	2,213.40	-	2,213.40
3	STANDARD PLAN - BALANCE OF STATE	891.87	129.13	1,021.00	2,220.33	327.07	2,547.40
LINCOLN							
*	ARISE ASPIRUS	804.30	45.10	849.40	2,001.41	113.19	2,114.60
3	GHC OF EAU CLAIRE	804.30	55.60	859.90	2,001.41	139.49	2,140.90
	HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
3	SECURITY HEALTH PLAN	804.30	84.60	888.90	2,001.41	211.99	2,213.40
3	STANDARD PLAN - BALANCE OF STATE	804.30	216.70	1,021.00	2,001.41	545.99	2,547.40
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	635.36	252.04	887.40	1,579.10	630.50	2,209.60
	DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
3	HUMANA - EASTERN	635.36	357.44	992.80	1,579.10	894.00	2,473.10
	NETWORK HEALTH NORTHEAST	635.36	7.74	643.10	1,579.10	19.80	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	635.36	127.24	762.60	1,579.10	318.50	1,897.60
	WEA TRUST - EAST	635.36	54.54	689.90	1,579.10	136.80	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	635.36	385.64	1,021.00	1,579.10	968.30	2,547.40
MARATHON							
	ARISE ASPIRUS	724.40	125.00	849.40	1,801.70	312.90	2,114.60
3	GHC OF EAU CLAIRE	724.40	135.50	859.90	1,801.70	339.20	2,140.90
	HEALTHPARTNERS HEALTH PLAN	724.40	41.60	766.00	1,801.70	104.40	1,906.10
3	SECURITY HEALTH PLAN	724.40	164.50	888.90	1,801.70	411.70	2,213.40
	WEA TRUST - EAST	689.90	-	689.90	1,715.90	-	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	724.40	296.60	1,021.00	1,801.70	745.70	2,547.40
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	636.09	251.31	887.40	1,580.88	628.72	2,209.60
*	DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
3	HUMANA - EASTERN	636.09	356.71	992.80	1,580.88	892.22	2,473.10
	UNITEDHEALTHCARE OF WISCONSIN	636.09	126.51	762.60	1,580.88	316.72	1,897.60
3	STANDARD PLAN - BALANCE OF STATE	636.09	384.91	1,021.00	1,580.88	966.52	2,547.40

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 HDHP w/Dental Option - P07

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	624.60	-	624.60	1,552.60	-	1,552.60
	*	NETWORK HEALTH NORTHEAST	637.25	5.85	643.10	1,583.82	15.08	1,598.90
		PHYSICIANS PLUS	606.90	-	606.90	1,508.40	-	1,508.40
	*	UNITEDHEALTHCARE OF WISCONSIN	637.25	125.35	762.60	1,583.82	313.78	1,897.60
	*	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
		WEA TRUST - EAST	637.25	52.65	689.90	1,583.82	132.08	1,715.90
	3	STANDARD PLAN - BALANCE OF STATE	637.25	383.75	1,021.00	1,583.82	963.58	2,547.40
MENOMINEE								
	*	WEA TRUST - EAST	689.90	-	689.90	1,715.90	-	1,715.90
	3	STANDARD PLAN - BALANCE OF STATE	743.82	277.18	1,021.00	1,852.31	695.09	2,547.40
		STATE MAINTENANCE PLAN	708.40	-	708.40	1,764.10	-	1,764.10
MILWAUKEE								
		ANTHEM BLUE PREFERRED SOUTHEAST	673.60	-	673.60	1,675.10	-	1,675.10
		ARISE HEALTH PLAN	707.28	180.12	887.40	1,758.86	450.74	2,209.60
	3	HUMANA - EASTERN	707.28	285.52	992.80	1,758.86	714.24	2,473.10
	* ^	NETWORK HEALTH SOUTHEAST	684.70	-	684.70	1,702.90	-	1,702.90
		UNITEDHEALTHCARE OF WISCONSIN	707.28	55.32	762.60	1,758.86	138.74	1,897.60
		WEA TRUST - EAST	689.90	-	689.90	1,715.90	-	1,715.90
	3	STANDARD PLAN - MILWAUKEE	707.28	395.02	1,102.30	1,758.86	991.74	2,750.60
MONROE								
		GUNDERSEN HEALTH PLAN	626.75	52.15	678.90	1,557.57	130.83	1,688.40
		HEALTH TRADITION HEALTH PLAN	596.90	-	596.90	1,483.40	-	1,483.40
		HEALTHPARTNERS HEALTH PLAN	626.75	139.25	766.00	1,557.57	348.53	1,906.10
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	626.75	245.55	872.30	1,557.57	614.33	2,171.90
	3	STANDARD PLAN - BALANCE OF STATE	626.75	394.25	1,021.00	1,557.57	989.83	2,547.40
OCONTO								
		ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
		ARISE HEALTH PLAN	635.36	252.04	887.40	1,579.10	630.50	2,209.60
		DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
	3	HUMANA - EASTERN	635.36	357.44	992.80	1,579.10	894.00	2,473.10
		NETWORK HEALTH NORTHEAST	635.36	7.74	643.10	1,579.10	19.80	1,598.90
	*	UNITEDHEALTHCARE OF WISCONSIN	635.36	127.24	762.60	1,579.10	318.50	1,897.60
		WEA TRUST - EAST	635.36	54.54	689.90	1,579.10	136.80	1,715.90
	3	STANDARD PLAN - BALANCE OF STATE	635.36	385.64	1,021.00	1,579.10	968.30	2,547.40
ONEIDA								
	*	ARISE ASPIRUS	804.30	45.10	849.40	2,001.41	113.19	2,114.60
	3	GHC OF EAU CLAIRE	804.30	55.60	859.90	2,001.41	139.49	2,140.90
		HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
	3	SECURITY HEALTH PLAN	804.30	84.60	888.90	2,001.41	211.99	2,213.40
	3	STANDARD PLAN - BALANCE OF STATE	804.30	216.70	1,021.00	2,001.41	545.99	2,547.40

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 HDHP w/Dental Option - P07

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	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	636.09	251.31	887.40	1,580.88	628.72	2,209.60
*	DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
3	HUMANA - EASTERN	636.09	356.71	992.80	1,580.88	892.22	2,473.10
	NETWORK HEALTH NORTHEAST	636.09	7.01	643.10	1,580.88	18.02	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	636.09	126.51	762.60	1,580.88	316.72	1,897.60
	WEA TRUST - EAST	636.09	53.81	689.90	1,580.88	135.02	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	636.09	384.91	1,021.00	1,580.88	966.52	2,547.40
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	673.60	-	673.60	1,675.10	-	1,675.10
	ARISE HEALTH PLAN	707.28	180.12	887.40	1,758.86	450.74	2,209.60
3	HUMANA - EASTERN	707.28	285.52	992.80	1,758.86	714.24	2,473.10
* ^	NETWORK HEALTH SOUTHEAST	684.70	-	684.70	1,702.90	-	1,702.90
	UNITEDHEALTHCARE OF WISCONSIN	707.28	55.32	762.60	1,758.86	138.74	1,897.60
	WEA TRUST - EAST	689.90	-	689.90	1,715.90	-	1,715.90
3	STANDARD PLAN - WAUKESHA	707.28	313.72	1,021.00	1,758.86	788.54	2,547.40
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	743.82	22.18	766.00	1,852.31	53.79	1,906.10
3	SECURITY HEALTH PLAN	743.82	145.08	888.90	1,852.31	361.09	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	743.82	128.48	872.30	1,852.31	319.59	2,171.90
3	STANDARD PLAN - WAUKESHA	743.82	277.18	1,021.00	1,852.31	695.09	2,547.40
	STATE MAINTENANCE PLAN	708.40	-	708.40	1,764.10	617.08	1,764.10
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	804.30	68.00	872.30	2,001.41	170.49	2,171.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	804.30	68.00	872.30	2,001.41	170.49	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	804.30	216.70	1,021.00	2,001.41	545.99	2,547.40
POLK							
	HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
3	HUMANA - WESTERN	804.30	233.00	1,037.30	2,001.41	582.99	2,584.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	804.30	68.00	872.30	2,001.41	170.49	2,171.90
3	STANDARD PLAN - DANE	804.30	144.30	948.60	2,001.41	364.99	2,366.40
PORTAGE							
*	ARISE ASPIRUS	724.40	125.00	849.40	1,801.70	312.90	2,114.60
	HEALTHPARTNERS HEALTH PLAN	724.40	41.60	766.00	1,801.70	104.40	1,906.10
3	SECURITY HEALTH PLAN	724.40	164.50	888.90	1,801.70	411.70	2,213.40
	WEA TRUST - EAST	689.90	-	689.90	1,715.90	-	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	724.40	296.60	1,021.00	1,801.70	745.70	2,547.40
PRICE							
3	GHC OF EAU CLAIRE	743.82	116.08	859.90	1,852.31	288.59	2,140.90
*	HEALTHPARTNERS HEALTH PLAN	743.82	22.18	766.00	1,852.31	53.79	1,906.10
3	SECURITY HEALTH PLAN	743.82	145.08	888.90	1,852.31	361.09	2,213.40
3	STANDARD PLAN - BALANCE OF STATE	743.82	277.18	1,021.00	1,852.31	695.09	2,547.40
	STATE MAINTENANCE PLAN	708.40	-	708.40	1,764.10	-	1,764.10

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 HDHP w/Dental Option - P07

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	673.60	-	673.60	1,675.10	-	1,675.10
	*	ARISE HEALTH PLAN	707.28	180.12	887.40	1,758.86	450.74	2,209.60
	3	HUMANA - EASTERN	707.28	285.52	992.80	1,758.86	714.24	2,473.10
	* ^	NETWORK HEALTH SOUTHEAST	684.70	-	684.70	1,702.90	-	1,702.90
		UNITEDHEALTHCARE OF WISCONSIN	707.28	55.32	762.60	1,758.86	138.74	1,897.60
	3	STANDARD PLAN - WAUKESHA	707.28	313.72	1,021.00	1,758.86	788.54	2,547.40
RICHLAND								
		DEAN HEALTH INSURANCE	605.96	18.64	624.60	1,505.60	47.00	1,552.60
		GUNDERSEN HEALTH PLAN	605.96	72.94	678.90	1,505.60	182.80	1,688.40
		HEALTH TRADITION HEALTH PLAN	596.90	-	596.90	1,483.40	-	1,483.40
		PHYSICIANS PLUS	605.96	0.94	606.90	1,505.60	2.80	1,508.40
		UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
	3	STANDARD PLAN - BALANCE OF STATE	605.96	415.04	1,021.00	1,505.60	1,041.80	2,547.40
ROCK								
		ANTHEM BLUE PREFERRED SOUTHEAST	605.96	67.64	673.60	1,505.60	169.50	1,675.10
		DEAN HEALTH INSURANCE	605.96	18.64	624.60	1,505.60	47.00	1,552.60
	3 *	HUMANA - EASTERN	605.96	386.84	992.80	1,505.60	967.50	2,473.10
		MERCYCARE HEALTH PLANS	590.50	-	590.50	1,467.40	-	1,467.40
	*	PHYSICIANS PLUS	605.96	0.94	606.90	1,505.60	2.80	1,508.40
		UNITEDHEALTHCARE OF WISCONSIN	605.96	156.64	762.60	1,505.60	392.00	1,897.60
		UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
		WEA TRUST - EAST	605.96	83.94	689.90	1,505.60	210.30	1,715.90
	3	STANDARD PLAN - BALANCE OF STATE	605.96	415.04	1,021.00	1,505.60	1,041.80	2,547.40
RUSK								
	*	HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
	3	SECURITY HEALTH PLAN	888.90	-	888.90	2,213.40	-	2,213.40
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	872.30	-	872.30	2,171.90	-	2,171.90
	3	STANDARD PLAN - BALANCE OF STATE	915.92	105.08	1,021.00	2,280.50	266.90	2,547.40
SAUK								
		DEAN HEALTH INSURANCE	605.96	18.64	624.60	1,505.60	47.00	1,552.60
	*	GHC OF SOUTH CENTRAL WISCONSIN	560.30	-	560.30	1,391.90	-	1,391.90
		GUNDERSEN HEALTH PLAN	605.96	72.94	678.90	1,505.60	182.80	1,688.40
	*	HEALTH TRADITION HEALTH PLAN	596.90	-	596.90	1,483.40	-	1,483.40
		PHYSICIANS PLUS	605.96	0.94	606.90	1,505.60	2.80	1,508.40
		UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
	3	STANDARD PLAN - BALANCE OF STATE	605.96	415.04	1,021.00	1,505.60	1,041.80	2,547.40
SAWYER								
	3	GHC OF EAU CLAIRE	804.30	55.60	859.90	2,001.41	139.49	2,140.90
		HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
	3	SECURITY HEALTH PLAN	804.30	84.60	888.90	2,001.41	211.99	2,213.40
	3	STANDARD PLAN - BALANCE OF STATE	804.30	216.70	1,021.00	2,001.41	545.99	2,547.40

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 HDHP w/Dental Option - P07

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	605.80	-	605.80	1,505.60	-	1,505.60
		ARISE HEALTH PLAN	636.09	251.31	887.40	1,580.88	628.72	2,209.60
	3 *	HUMANA - EASTERN	636.09	356.71	992.80	1,580.88	892.22	2,473.10
		NETWORK HEALTH NORTHEAST	636.09	7.01	643.10	1,580.88	18.02	1,598.90
		UNITEDHEALTHCARE OF WISCONSIN	636.09	126.51	762.60	1,580.88	316.72	1,897.60
		WEA TRUST - EAST	636.09	53.81	689.90	1,580.88	135.02	1,715.90
	3	STANDARD PLAN - BALANCE OF STATE	636.09	384.91	1,021.00	1,580.88	966.52	2,547.40
SHEBOYGAN								
		ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
		ARISE HEALTH PLAN	635.36	252.04	887.40	1,579.10	630.50	2,209.60
		DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
	3	HUMANA - EASTERN	635.36	357.44	992.80	1,579.10	894.00	2,473.10
		NETWORK HEALTH NORTHEAST	635.36	7.74	643.10	1,579.10	19.80	1,598.90
		UNITEDHEALTHCARE OF WISCONSIN	635.36	127.24	762.60	1,579.10	318.50	1,897.60
		WEA TRUST - EAST	635.36	54.54	689.90	1,579.10	136.80	1,715.90
	3	STANDARD PLAN - BALANCE OF STATE	635.36	385.64	1,021.00	1,579.10	968.30	2,547.40
ST. CROIX								
		HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
	3	HUMANA - WESTERN	804.30	233.00	1,037.30	2,001.41	582.99	2,584.40
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	804.30	68.00	872.30	2,001.41	170.49	2,171.90
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	804.30	68.00	872.30	2,001.41	170.49	2,171.90
	3	STANDARD PLAN - DANE	804.30	144.30	948.60	2,001.41	364.99	2,366.40
TAYLOR								
		ARISE ASPIRUS	849.40	-	849.40	2,114.60	-	2,114.60
	3	GHC OF EAU CLAIRE	859.90	-	859.90	2,140.90	-	2,140.90
	*	HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
	3	SECURITY HEALTH PLAN	888.90	-	888.90	2,213.40	-	2,213.40
	3	STANDARD PLAN - BALANCE OF STATE	891.87	129.13	1,021.00	2,220.33	327.07	2,547.40
TREMPEALEAU								
		GUNDERSEN HEALTH PLAN	678.90	-	678.90	1,688.40	-	1,688.40
	*	HEALTH TRADITION HEALTH PLAN	596.90	-	596.90	1,483.40	-	1,483.40
	*	HEALTHPARTNERS HEALTH PLAN	712.85	53.15	766.00	1,772.82	133.28	1,906.10
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	712.85	159.45	872.30	1,772.82	399.08	2,171.90
	3	STANDARD PLAN - BALANCE OF STATE	712.85	308.15	1,021.00	1,772.82	774.58	2,547.40
VERNON								
	*	DEAN HEALTH INSURANCE	605.96	18.64	624.60	1,505.60	47.00	1,552.60
		GUNDERSEN HEALTH PLAN	605.96	72.94	678.90	1,505.60	182.80	1,688.40
		HEALTH TRADITION HEALTH PLAN	596.90	-	596.90	1,483.40	-	1,483.40
		HEALTHPARTNERS HEALTH PLAN	605.96	160.04	766.00	1,505.60	400.50	1,906.10
	*	PHYSICIANS PLUS	605.96	0.94	606.90	1,505.60	2.80	1,508.40
		UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
	3	STANDARD PLAN - BALANCE OF STATE	605.96	415.04	1,021.00	1,505.60	1,041.80	2,547.40

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 HDHP w/Dental Option - P07

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	743.82	105.58	849.40	1,852.31	262.29	2,114.60
3	GHC OF EAU CLAIRE	743.82	116.08	859.90	1,852.31	288.59	2,140.90
*	HEALTHPARTNERS HEALTH PLAN	743.82	22.18	766.00	1,852.31	53.79	1,906.10
3	SECURITY HEALTH PLAN	743.82	145.08	888.90	1,852.31	361.09	2,213.40
3	STANDARD PLAN - BALANCE OF STATE	743.82	277.18	1,021.00	1,852.31	695.09	2,547.40
	STATE MAINTENANCE PLAN	708.40	-	708.40	1,764.10	-	1,764.10
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	605.96	67.64	673.60	1,505.60	169.50	1,675.10
	ARISE HEALTH PLAN	605.96	281.44	887.40	1,505.60	704.00	2,209.60
*	DEAN HEALTH INSURANCE	605.96	18.64	624.60	1,505.60	47.00	1,552.60
3	HUMANA - EASTERN	605.96	386.84	992.80	1,505.60	967.50	2,473.10
	MERCYCARE HEALTH PLANS	590.50	-	590.50	1,467.40	-	1,467.40
*	PHYSICIANS PLUS	605.96	0.94	606.90	1,505.60	2.80	1,508.40
	UNITEDHEALTHCARE OF WISCONSIN	605.96	156.64	762.60	1,505.60	392.00	1,897.60
	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
	WEA TRUST - EAST	605.96	83.94	689.90	1,505.60	210.30	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	605.96	415.04	1,021.00	1,505.60	1,041.80	2,547.40
WASHBURN							
3	GHC OF EAU CLAIRE	804.30	55.60	859.90	2,001.41	139.49	2,140.90
	HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
3	SECURITY HEALTH PLAN	804.30	84.60	888.90	2,001.41	211.99	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	804.30	68.00	872.30	2,001.41	170.49	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	804.30	216.70	1,021.00	2,001.41	545.99	2,547.40
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	673.60	-	673.60	1,675.10	-	1,675.10
	ARISE HEALTH PLAN	707.28	180.12	887.40	1,758.86	450.74	2,209.60
3	HUMANA - EASTERN	707.28	285.52	992.80	1,758.86	714.24	2,473.10
* ^	NETWORK HEALTH SOUTHEAST	684.70	-	684.70	1,702.90	-	1,702.90
	UNITEDHEALTHCARE OF WISCONSIN	707.28	55.32	762.60	1,758.86	138.74	1,897.60
	WEA TRUST - EAST	689.90	-	689.90	1,715.90	-	1,715.90
3	STANDARD PLAN - WAUKESHA	707.28	313.72	1,021.00	1,758.86	788.54	2,547.40
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	605.96	67.64	673.60	1,505.60	169.50	1,675.10
	ARISE HEALTH PLAN	605.96	281.44	887.40	1,505.60	704.00	2,209.60
	DEAN HEALTH INSURANCE	605.96	18.64	624.60	1,505.60	47.00	1,552.60
3	HUMANA - EASTERN	605.96	386.84	992.80	1,505.60	967.50	2,473.10
* ^	NETWORK HEALTH SOUTHEAST	605.96	78.74	684.70	1,505.60	197.30	1,702.90
*	PHYSICIANS PLUS	605.96	0.94	606.90	1,505.60	2.80	1,508.40
	UNITEDHEALTHCARE OF WISCONSIN	605.96	156.64	762.60	1,505.60	392.00	1,897.60
	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
	WEA TRUST - EAST	605.96	83.94	689.90	1,505.60	210.30	1,715.90
3	STANDARD PLAN - WAUKESHA	605.96	415.04	1,021.00	1,505.60	1,041.80	2,547.40

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 HDHP w/Dental Option - P07

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	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	636.09	251.31	887.40	1,580.88	628.72	2,209.60
3	HUMANA - EASTERN	636.09	356.71	992.80	1,580.88	892.22	2,473.10
	NETWORK HEALTH NORTHEAST	636.09	7.01	643.10	1,580.88	18.02	1,598.90
3	SECURITY HEALTH PLAN	636.09	252.81	888.90	1,580.88	632.52	2,213.40
	UNITEDHEALTHCARE OF WISCONSIN	636.09	126.51	762.60	1,580.88	316.72	1,897.60
	WEA TRUST - EAST	636.09	53.81	689.90	1,580.88	135.02	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	636.09	384.91	1,021.00	1,580.88	966.52	2,547.40
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
*	ARISE HEALTH PLAN	636.09	251.31	887.40	1,580.88	628.72	2,209.60
3	HUMANA - EASTERN	636.09	356.71	992.80	1,580.88	892.22	2,473.10
	NETWORK HEALTH NORTHEAST	636.09	7.01	643.10	1,580.88	18.02	1,598.90
	PHYSICIANS PLUS	606.90	-	606.90	1,508.40	-	1,508.40
3	SECURITY HEALTH PLAN	636.09	252.81	888.90	1,580.88	632.52	2,213.40
	UNITEDHEALTHCARE OF WISCONSIN	636.09	126.51	762.60	1,580.88	316.72	1,897.60
	WEA TRUST - EAST	636.09	53.81	689.90	1,580.88	135.02	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	636.09	384.91	1,021.00	1,580.88	966.52	2,547.40
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	636.09	251.31	887.40	1,580.88	628.72	2,209.60
3	HUMANA - EASTERN	636.09	356.71	992.80	1,580.88	892.22	2,473.10
	NETWORK HEALTH NORTHEAST	636.09	7.01	643.10	1,580.88	18.02	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	636.09	126.51	762.60	1,580.88	316.72	1,897.60
	WEA TRUST - EAST	636.09	53.81	689.90	1,580.88	135.02	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	636.09	384.91	1,021.00	1,580.88	966.52	2,547.40
WOOD							
	ARISE ASPIRUS	849.40	-	849.40	2,114.60	-	2,114.60
*	HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
*	PHYSICIANS PLUS	606.90	-	606.90	1,508.40	-	1,508.40
3	SECURITY HEALTH PLAN	888.90	-	888.90	2,213.40	-	2,213.40
*	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
*	WEA TRUST - EAST	689.90	-	689.90	1,715.90	-	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	891.87	129.13	1,021.00	2,220.33	327.07	2,547.40