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 HDHP w/Dental Option - P07

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	549.67	74.93	624.60	1,366.38	186.22	1,552.60
	PHYSICIANS PLUS	549.67	57.23	606.90	1,366.38	142.02	1,508.40
3	SECURITY HEALTH PLAN	549.67	339.23	888.90	1,366.38	847.02	2,213.40
	UNITY HEALTH INSURANCE - COMMUNITY	549.67	27.43	577.10	1,366.38	67.52	1,433.90
	WEA TRUST - EAST	549.67	140.23	689.90	1,366.38	349.52	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	549.67	471.33	1,021.00	1,366.38	1,181.02	2,547.40
ASHLAND							
3	GHC OF EAU CLAIRE	720.85	139.05	859.90	1,794.32	346.58	2,140.90
	HEALTHPARTNERS HEALTH PLAN	720.85	45.15	766.00	1,794.32	111.78	1,906.10
3	SECURITY HEALTH PLAN	720.85	168.05	888.90	1,794.32	419.08	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	720.85	151.45	872.30	1,794.32	377.58	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	720.85	300.15	1,021.00	1,794.32	753.08	2,547.40
BARRON							
	HEALTHPARTNERS HEALTH PLAN	736.44	29.56	766.00	1,833.30	72.80	1,906.10
3	HUMANA - WESTERN	736.44	300.86	1,037.30	1,833.30	751.10	2,584.40
3	SECURITY HEALTH PLAN	736.44	152.46	888.90	1,833.30	380.10	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	736.44	135.86	872.30	1,833.30	338.60	2,171.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	736.44	135.86	872.30	1,833.30	338.60	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	736.44	284.56	1,021.00	1,833.30	714.10	2,547.40
BAYFIELD							
3 *	GHC OF EAU CLAIRE	623.39	236.51	859.90	1,552.41	588.49	2,140.90
3 *	SECURITY HEALTH PLAN	623.39	265.51	888.90	1,552.41	660.99	2,213.40
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	623.39	248.91	872.30	1,552.41	619.49	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	623.39	397.61	1,021.00	1,552.41	994.99	2,547.40
	STATE MAINTENANCE PLAN	623.39	85.01	708.40	1,552.41	211.69	1,764.10
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	615.11	272.29	887.40	1,529.95	679.65	2,209.60
	DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
3	HUMANA - EASTERN	615.11	377.69	992.80	1,529.95	943.15	2,473.10
	NETWORK HEALTH NORTHEAST	615.11	27.99	643.10	1,529.95	68.95	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	615.11	147.49	762.60	1,529.95	367.65	1,897.60
	WEA TRUST - EAST	615.11	74.79	689.90	1,529.95	185.95	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	615.11	405.89	1,021.00	1,529.95	1,017.45	2,547.40
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	596.90	-	596.90	1,483.40	-	1,483.40
3	STANDARD PLAN - BALANCE OF STATE	623.39	397.61	1,021.00	1,552.41	994.99	2,547.40
	STATE MAINTENANCE PLAN	623.39	85.01	708.40	1,552.41	211.69	1,764.10
BURNETT							
3	GHC OF EAU CLAIRE	674.08	185.82	859.90	1,677.37	463.53	2,140.90
	HEALTHPARTNERS HEALTH PLAN	674.08	91.92	766.00	1,677.37	228.73	1,906.10
3	SECURITY HEALTH PLAN	674.08	214.82	888.90	1,677.37	536.03	2,213.40
3	STANDARD PLAN - BALANCE OF STATE	674.08	346.92	1,021.00	1,677.37	870.03	2,547.40

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88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	590.04	15.76	605.80	1,467.28	38.32	1,505.60
*	ARISE HEALTH PLAN	590.04	297.36	887.40	1,467.28	742.32	2,209.60
3 *	HUMANA - EASTERN	590.04	402.76	992.80	1,467.28	1,005.82	2,473.10
	NETWORK HEALTH NORTHEAST	590.04	53.06	643.10	1,467.28	131.62	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	590.04	172.56	762.60	1,467.28	430.32	1,897.60
*	WEA TRUST - EAST	590.04	99.86	689.90	1,467.28	248.62	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	590.04	430.96	1,021.00	1,467.28	1,080.12	2,547.40
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	678.90	-	678.90	1,688.40	-	1,688.40
	HEALTHPARTNERS HEALTH PLAN	701.69	64.31	766.00	1,746.43	159.67	1,906.10
3	HUMANA - WESTERN	701.69	335.61	1,037.30	1,746.43	837.97	2,584.40
3	SECURITY HEALTH PLAN	701.69	187.21	888.90	1,746.43	466.97	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	701.69	170.61	872.30	1,746.43	425.47	2,171.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	701.69	170.61	872.30	1,746.43	425.47	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	701.69	319.31	1,021.00	1,746.43	800.97	2,547.40
CLARK							
*	ARISE ASPIRUS	679.71	169.69	849.40	1,691.48	423.12	2,114.60
3	GHC OF EAU CLAIRE	679.71	180.19	859.90	1,691.48	449.42	2,140.90
	GUNDERSEN HEALTH PLAN	678.90	-	678.90	1,688.40	-	1,688.40
	HEALTHPARTNERS HEALTH PLAN	679.71	86.29	766.00	1,691.48	214.62	1,906.10
3	SECURITY HEALTH PLAN	679.71	209.19	888.90	1,691.48	521.92	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	679.71	192.59	872.30	1,691.48	480.42	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	679.71	341.29	1,021.00	1,691.48	855.92	2,547.40
COLUMBIA							
	DEAN HEALTH INSURANCE	538.35	86.25	624.60	1,338.08	214.52	1,552.60
	GHC OF SOUTH CENTRAL WISCONSIN	538.35	21.95	560.30	1,338.08	53.82	1,391.90
	PHYSICIANS PLUS	538.35	68.55	606.90	1,338.08	170.32	1,508.40
	UNITY HEALTH INSURANCE - COMMUNITY	538.35	38.75	577.10	1,338.08	95.82	1,433.90
	WEA TRUST - EAST	538.35	151.55	689.90	1,338.08	377.82	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	538.35	482.65	1,021.00	1,338.08	1,209.32	2,547.40
CRAWFORD							
	GUNDERSEN HEALTH PLAN	573.23	105.67	678.90	1,425.27	263.13	1,688.40
	HEALTH TRADITION HEALTH PLAN	573.23	23.67	596.90	1,425.27	58.13	1,483.40
	HEALTHPARTNERS HEALTH PLAN	573.23	192.77	766.00	1,425.27	480.83	1,906.10
	MEDICAL ASSOCIATES HEALTH PLANS	563.80	-	563.80	1,400.60	-	1,400.60
*	UNITY HEALTH INSURANCE - COMMUNITY	573.23	3.87	577.10	1,425.27	8.63	1,433.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	573.23	299.07	872.30	1,425.27	746.63	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	573.23	447.77	1,021.00	1,425.27	1,122.13	2,547.40
DANE							
	DEAN HEALTH INSURANCE	502.32	122.28	624.60	1,248.00	304.60	1,552.60
	GHC OF SOUTH CENTRAL WISCONSIN	502.32	57.98	560.30	1,248.00	143.90	1,391.90
	PHYSICIANS PLUS	502.32	104.58	606.90	1,248.00	260.40	1,508.40
	UNITY HEALTH INSURANCE - UW HEALTH	502.32	27.48	529.80	1,248.00	67.60	1,315.60
	WEA TRUST - SOUTH CENTRAL	502.32	30.18	532.50	1,248.00	74.40	1,322.40
3	STANDARD PLAN - DANE	502.32	446.28	948.60	1,248.00	1,118.40	2,366.40

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IYC Local HDHP w/Dental Option - P07

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	575.49	98.11	673.60	1,430.93	244.17	1,675.10
*	ARISE HEALTH PLAN	575.49	311.91	887.40	1,430.93	778.67	2,209.60
	DEAN HEALTH INSURANCE	575.49	49.11	624.60	1,430.93	121.67	1,552.60
3	HUMANA - EASTERN	575.49	417.31	992.80	1,430.93	1,042.17	2,473.10
	NETWORK HEALTH NORTHEAST	575.49	67.61	643.10	1,430.93	167.97	1,598.90
	PHYSICIANS PLUS	575.49	31.41	606.90	1,430.93	77.47	1,508.40
	UNITEDHEALTHCARE OF WISCONSIN	575.49	187.11	762.60	1,430.93	466.67	1,897.60
	UNITY HEALTH INSURANCE - COMMUNITY	575.49	1.61	577.10	1,430.93	2.97	1,433.90
	WEA TRUST - EAST	575.49	114.41	689.90	1,430.93	284.97	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	575.49	445.51	1,021.00	1,430.93	1,116.47	2,547.40
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	631.63	255.77	887.40	1,571.26	638.34	2,209.60
*	DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
3 *	HUMANA - EASTERN	631.63	361.17	992.80	1,571.26	901.84	2,473.10
	NETWORK HEALTH NORTHEAST	631.63	11.47	643.10	1,571.26	27.64	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	631.63	130.97	762.60	1,571.26	326.34	1,897.60
	WEA TRUST - EAST	631.63	58.27	689.90	1,571.26	144.64	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	631.63	389.37	1,021.00	1,571.26	976.14	2,547.40
DOUGLAS							
3	GHC OF EAU CLAIRE	720.85	139.05	859.90	1,794.32	346.58	2,140.90
	HEALTHPARTNERS HEALTH PLAN	720.85	45.15	766.00	1,794.32	111.78	1,906.10
3	SECURITY HEALTH PLAN	720.85	168.05	888.90	1,794.32	419.08	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	720.85	151.45	872.30	1,794.32	377.58	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	720.85	300.15	1,021.00	1,794.32	753.08	2,547.40
DUNN							
3	HUMANA - WESTERN	767.62	269.68	1,037.30	1,911.27	673.13	2,584.40
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	767.62	104.68	872.30	1,911.27	260.63	2,171.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	767.62	104.68	872.30	1,911.27	260.63	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	767.62	253.38	1,021.00	1,911.27	636.13	2,547.40
EAU CLAIRE							
	GUNDERSEN HEALTH PLAN	678.90	-	678.90	1,688.40	-	1,688.40
	HEALTHPARTNERS HEALTH PLAN	701.69	64.31	766.00	1,746.43	159.67	1,906.10
3	HUMANA - WESTERN	701.69	335.61	1,037.30	1,746.43	837.97	2,584.40
3	SECURITY HEALTH PLAN	701.69	187.21	888.90	1,746.43	466.97	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	701.69	170.61	872.30	1,746.43	425.47	2,171.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	701.69	170.61	872.30	1,746.43	425.47	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	701.69	319.31	1,021.00	1,746.43	800.97	2,547.40
FLORENCE							
*	ARISE ASPIRUS	623.39	226.01	849.40	1,552.41	562.19	2,114.60
3	STANDARD PLAN - BALANCE OF STATE	623.39	397.61	1,021.00	1,552.41	994.99	2,547.40
	STATE MAINTENANCE PLAN	623.39	85.01	708.40	1,552.41	211.69	1,764.10

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IYC Local HDHP w/Dental Option - P07

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	601.42	4.38	605.80	1,495.74	9.86	1,505.60
	ARISE HEALTH PLAN	601.42	285.98	887.40	1,495.74	713.86	2,209.60
	DEAN HEALTH INSURANCE	601.42	23.18	624.60	1,495.74	56.86	1,552.60
3	HUMANA - EASTERN	601.42	391.38	992.80	1,495.74	977.36	2,473.10
	NETWORK HEALTH NORTHEAST	601.42	41.68	643.10	1,495.74	103.16	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	601.42	161.18	762.60	1,495.74	401.86	1,897.60
	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
3	STANDARD PLAN - BALANCE OF STATE	601.42	419.58	1,021.00	1,495.74	1,051.66	2,547.40
FOREST							
*	ARISE ASPIRUS	623.39	226.01	849.40	1,552.41	562.19	2,114.60
3 *	SECURITY HEALTH PLAN	623.39	265.51	888.90	1,552.41	660.99	2,213.40
3	STANDARD PLAN - BALANCE OF STATE	623.39	397.61	1,021.00	1,552.41	994.99	2,547.40
	STATE MAINTENANCE PLAN	623.39	85.01	708.40	1,552.41	211.69	1,764.10
GRANT							
	DEAN HEALTH INSURANCE	537.03	87.57	624.60	1,334.77	217.83	1,552.60
	GUNDERSEN HEALTH PLAN	537.03	141.87	678.90	1,334.77	353.63	1,688.40
*	HEALTH TRADITION HEALTH PLAN	537.03	59.87	596.90	1,334.77	148.63	1,483.40
*	HEALTHPARTNERS HEALTH PLAN	537.03	228.97	766.00	1,334.77	571.33	1,906.10
	MEDICAL ASSOCIATES HEALTH PLANS	537.03	26.77	563.80	1,334.77	65.83	1,400.60
	PHYSICIANS PLUS	537.03	69.87	606.90	1,334.77	173.63	1,508.40
	UNITY HEALTH INSURANCE - COMMUNITY	537.03	40.07	577.10	1,334.77	99.13	1,433.90
3	STANDARD PLAN - DANE	537.03	411.57	948.60	1,334.77	1,031.63	2,366.40
GREEN							
	DEAN HEALTH INSURANCE	528.75	95.85	624.60	1,314.06	238.54	1,552.60
*	MERCYCARE HEALTH PLANS	528.75	61.75	590.50	1,314.06	153.34	1,467.40
	UNITY HEALTH INSURANCE - COMMUNITY	528.75	48.35	577.10	1,314.06	119.84	1,433.90
3	STANDARD PLAN - BALANCE OF STATE	528.75	492.25	1,021.00	1,314.06	1,233.34	2,547.40
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	594.31	11.49	605.80	1,477.96	27.64	1,505.60
*	ARISE HEALTH PLAN	594.31	293.09	887.40	1,477.96	731.64	2,209.60
*	DEAN HEALTH INSURANCE	594.31	30.29	624.60	1,477.96	74.64	1,552.60
3	HUMANA - EASTERN	594.31	398.49	992.80	1,477.96	995.14	2,473.10
	NETWORK HEALTH NORTHEAST	594.31	48.79	643.10	1,477.96	120.94	1,598.90
*	PHYSICIANS PLUS	594.31	12.59	606.90	1,477.96	30.44	1,508.40
	UNITEDHEALTHCARE OF WISCONSIN	594.31	168.29	762.60	1,477.96	419.64	1,897.60
	WEA TRUST - EAST	594.31	95.59	689.90	1,477.96	237.94	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	594.31	426.69	1,021.00	1,477.96	1,069.44	2,547.40
IOWA							
	DEAN HEALTH INSURANCE	521.93	102.67	624.60	1,297.01	255.59	1,552.60
	MEDICAL ASSOCIATES HEALTH PLANS	521.93	41.87	563.80	1,297.01	103.59	1,400.60
	PHYSICIANS PLUS	521.93	84.97	606.90	1,297.01	211.39	1,508.40
	UNITY HEALTH INSURANCE - COMMUNITY	521.93	55.17	577.10	1,297.01	136.89	1,433.90
3	STANDARD PLAN - BALANCE OF STATE	521.93	499.07	1,021.00	1,297.01	1,250.39	2,547.40

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		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
IRON							
3 *	GHC OF EAU CLAIRE	623.39	236.51	859.90	1,552.41	588.49	2,140.90
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	623.39	248.91	872.30	1,552.41	619.49	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	623.39	397.61	1,021.00	1,552.41	994.99	2,547.40
	STATE MAINTENANCE PLAN	623.39	85.01	708.40	1,552.41	211.69	1,764.10
JACKSON							
	GUNDERSEN HEALTH PLAN	641.10	37.80	678.90	1,594.96	93.44	1,688.40
	HEALTH TRADITION HEALTH PLAN	596.90	-	596.90	1,483.40	-	1,483.40
	HEALTHPARTNERS HEALTH PLAN	641.10	124.90	766.00	1,594.96	311.14	1,906.10
3	SECURITY HEALTH PLAN	641.10	247.80	888.90	1,594.96	618.44	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	641.10	231.20	872.30	1,594.96	576.94	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	641.10	379.90	1,021.00	1,594.96	952.44	2,547.40
JEFFERSON							
	ANTHEM BLUE PREFERRED SOUTHEAST	562.51	111.09	673.60	1,398.47	276.63	1,675.10
	DEAN HEALTH INSURANCE	562.51	62.09	624.60	1,398.47	154.13	1,552.60
3	HUMANA - EASTERN	562.51	430.29	992.80	1,398.47	1,074.63	2,473.10
	MERCYCARE HEALTH PLANS	562.51	27.99	590.50	1,398.47	68.93	1,467.40
	PHYSICIANS PLUS	562.51	44.39	606.90	1,398.47	109.93	1,508.40
	UNITEDHEALTHCARE OF WISCONSIN	562.51	200.09	762.60	1,398.47	499.13	1,897.60
	UNITY HEALTH INSURANCE - COMMUNITY	562.51	14.59	577.10	1,398.47	35.43	1,433.90
3	STANDARD PLAN - DANE	562.51	386.09	948.60	1,398.47	967.93	2,366.40
JUNEAU							
*	ARISE ASPIRUS	554.35	295.05	849.40	1,378.08	736.52	2,114.60
*	DEAN HEALTH INSURANCE	554.35	70.25	624.60	1,378.08	174.52	1,552.60
	GUNDERSEN HEALTH PLAN	554.35	124.55	678.90	1,378.08	310.32	1,688.40
	HEALTH TRADITION HEALTH PLAN	554.35	42.55	596.90	1,378.08	105.32	1,483.40
	PHYSICIANS PLUS	554.35	52.55	606.90	1,378.08	130.32	1,508.40
3	SECURITY HEALTH PLAN	554.35	334.55	888.90	1,378.08	835.32	2,213.40
	UNITY HEALTH INSURANCE - COMMUNITY (REV 11/3/2015)	554.35	22.75	577.10	1,378.08	55.82	1,433.90
	WEA TRUST - EAST	554.35	135.55	689.90	1,378.08	337.82	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	554.35	466.65	1,021.00	1,378.08	1,169.32	2,547.40
KENOSHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	673.60	-	673.60	1,675.10	-	1,675.10
	ARISE HEALTH PLAN	681.59	205.81	887.40	1,696.14	513.46	2,209.60
3	HUMANA - EASTERN	681.59	311.21	992.80	1,696.14	776.96	2,473.10
	UNITEDHEALTHCARE OF WISCONSIN	681.59	81.01	762.60	1,696.14	201.46	1,897.60
3	STANDARD PLAN - WAUKESHA	681.59	339.41	1,021.00	1,696.14	851.26	2,547.40
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	648.05	239.35	887.40	1,612.31	597.29	2,209.60
*	DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
*	NETWORK HEALTH NORTHEAST	643.10	-	643.10	1,598.90	-	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	648.05	114.55	762.60	1,612.31	285.29	1,897.60
	WEA TRUST - EAST	648.05	41.85	689.90	1,612.31	103.59	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	648.05	372.95	1,021.00	1,612.31	935.09	2,547.40

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local HDHP w/Dental Option - P07

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	641.10	37.80	678.90	1,594.96	93.44	1,688.40
	HEALTH TRADITION HEALTH PLAN	596.90	-	596.90	1,483.40	-	1,483.40
	HEALTHPARTNERS HEALTH PLAN	641.10	124.90	766.00	1,594.96	311.14	1,906.10
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	641.10	231.20	872.30	1,594.96	576.94	2,171.90
3	STANDARD PLAN - DANE	641.10	307.50	948.60	1,594.96	771.44	2,366.40
LAFAYETTE							
*	DEAN HEALTH INSURANCE	534.07	90.53	624.60	1,327.39	225.21	1,552.60
*	MEDICAL ASSOCIATES HEALTH PLANS	534.07	29.73	563.80	1,327.39	73.21	1,400.60
	PHYSICIANS PLUS	534.07	72.83	606.90	1,327.39	181.01	1,508.40
*	UNITY HEALTH INSURANCE - COMMUNITY	534.07	43.03	577.10	1,327.39	106.51	1,433.90
3	STANDARD PLAN - BALANCE OF STATE	534.07	486.93	1,021.00	1,327.39	1,220.01	2,547.40
LANGLADE							
	ARISE ASPIRUS	747.47	101.93	849.40	1,860.85	253.75	2,114.60
3	GHC OF EAU CLAIRE	747.47	112.43	859.90	1,860.85	280.05	2,140.90
*	HEALTHPARTNERS HEALTH PLAN	747.47	18.53	766.00	1,860.85	45.25	1,906.10
3	SECURITY HEALTH PLAN	747.47	141.43	888.90	1,860.85	352.55	2,213.40
3	STANDARD PLAN - BALANCE OF STATE	747.47	273.53	1,021.00	1,860.85	686.55	2,547.40
LINCOLN							
*	ARISE ASPIRUS	674.08	175.32	849.40	1,677.37	437.23	2,114.60
3	GHC OF EAU CLAIRE	674.08	185.82	859.90	1,677.37	463.53	2,140.90
	HEALTHPARTNERS HEALTH PLAN	674.08	91.92	766.00	1,677.37	228.73	1,906.10
3	SECURITY HEALTH PLAN	674.08	214.82	888.90	1,677.37	536.03	2,213.40
3	STANDARD PLAN - BALANCE OF STATE	674.08	346.92	1,021.00	1,677.37	870.03	2,547.40
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	615.11	272.29	887.40	1,529.95	679.65	2,209.60
	DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
3	HUMANA - EASTERN	615.11	377.69	992.80	1,529.95	943.15	2,473.10
	NETWORK HEALTH NORTHEAST	615.11	27.99	643.10	1,529.95	68.95	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	615.11	147.49	762.60	1,529.95	367.65	1,897.60
	WEA TRUST - EAST	615.11	74.79	689.90	1,529.95	185.95	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	615.11	405.89	1,021.00	1,529.95	1,017.45	2,547.40
MARATHON							
	ARISE ASPIRUS	676.22	173.18	849.40	1,682.74	431.86	2,114.60
3	GHC OF EAU CLAIRE	676.22	183.68	859.90	1,682.74	458.16	2,140.90
	HEALTHPARTNERS HEALTH PLAN	676.22	89.78	766.00	1,682.74	223.36	1,906.10
3	SECURITY HEALTH PLAN	676.22	212.68	888.90	1,682.74	530.66	2,213.40
	WEA TRUST - EAST	676.22	13.68	689.90	1,682.74	33.16	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	676.22	344.78	1,021.00	1,682.74	864.66	2,547.40
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	661.70	225.70	887.40	1,646.42	563.18	2,209.60
*	DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
3	HUMANA - EASTERN	661.70	331.10	992.80	1,646.42	826.68	2,473.10
	UNITEDHEALTHCARE OF WISCONSIN	661.70	100.90	762.60	1,646.42	251.18	1,897.60
3	STANDARD PLAN - BALANCE OF STATE	661.70	359.30	1,021.00	1,646.42	900.98	2,547.40

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IYC Local HDHP w/Dental Option - P07

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	570.59	54.01	624.60	1,418.69	133.91	1,552.60
*	NETWORK HEALTH NORTHEAST	570.59	72.51	643.10	1,418.69	180.21	1,598.90
	PHYSICIANS PLUS	570.59	36.31	606.90	1,418.69	89.71	1,508.40
*	UNITEDHEALTHCARE OF WISCONSIN	570.59	192.01	762.60	1,418.69	478.91	1,897.60
*	UNITY HEALTH INSURANCE - COMMUNITY	570.59	6.51	577.10	1,418.69	15.21	1,433.90
	WEA TRUST - EAST	570.59	119.31	689.90	1,418.69	297.21	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	570.59	450.41	1,021.00	1,418.69	1,128.71	2,547.40
MENOMINEE							
*	WEA TRUST - EAST	623.39	66.51	689.90	1,552.41	163.49	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	623.39	397.61	1,021.00	1,552.41	994.99	2,547.40
	STATE MAINTENANCE PLAN	623.39	85.01	708.40	1,552.41	211.69	1,764.10
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	662.97	10.63	673.60	1,649.60	25.50	1,675.10
	ARISE HEALTH PLAN	662.97	224.43	887.40	1,649.60	560.00	2,209.60
3	HUMANA - EASTERN	662.97	329.83	992.80	1,649.60	823.50	2,473.10
* ^	NETWORK HEALTH SOUTHEAST	662.97	21.73	684.70	1,649.60	53.30	1,702.90
	UNITEDHEALTHCARE OF WISCONSIN	662.97	99.63	762.60	1,649.60	248.00	1,897.60
	WEA TRUST - EAST	662.97	26.93	689.90	1,649.60	66.30	1,715.90
3	STANDARD PLAN - MILWAUKEE	662.97	439.33	1,102.30	1,649.60	1,101.00	2,750.60
MONROE							
	GUNDERSEN HEALTH PLAN	598.93	79.97	678.90	1,489.52	198.88	1,688.40
	HEALTH TRADITION HEALTH PLAN	596.90	-	596.90	1,483.40	-	1,483.40
	HEALTHPARTNERS HEALTH PLAN	598.93	167.07	766.00	1,489.52	416.58	1,906.10
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	598.93	273.37	872.30	1,489.52	682.38	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	598.93	422.07	1,021.00	1,489.52	1,057.88	2,547.40
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	603.91	1.89	605.80	1,501.97	3.63	1,505.60
	ARISE HEALTH PLAN	603.91	283.49	887.40	1,501.97	707.63	2,209.60
	DEAN HEALTH INSURANCE - PREVEA360	603.91	1.19	605.10	1,501.97	1.93	1,503.90
3	HUMANA - EASTERN	603.91	388.89	992.80	1,501.97	971.13	2,473.10
	NETWORK HEALTH NORTHEAST	603.91	39.19	643.10	1,501.97	96.93	1,598.90
*	UNITEDHEALTHCARE OF WISCONSIN	603.91	158.69	762.60	1,501.97	395.63	1,897.60
	WEA TRUST - EAST	603.91	85.99	689.90	1,501.97	213.93	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	603.91	417.09	1,021.00	1,501.97	1,045.43	2,547.40
ONEIDA							
*	ARISE ASPIRUS	674.08	175.32	849.40	1,677.37	437.23	2,114.60
3	GHC OF EAU CLAIRE	674.08	185.82	859.90	1,677.37	463.53	2,140.90
	HEALTHPARTNERS HEALTH PLAN	674.08	91.92	766.00	1,677.37	228.73	1,906.10
3	SECURITY HEALTH PLAN	674.08	214.82	888.90	1,677.37	536.03	2,213.40
3	STANDARD PLAN - BALANCE OF STATE	674.08	346.92	1,021.00	1,677.37	870.03	2,547.40

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IYC Local HDHP w/Dental Option - P07

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	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	631.63	255.77	887.40	1,571.26	638.34	2,209.60
*	DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
3	HUMANA - EASTERN	631.63	361.17	992.80	1,571.26	901.84	2,473.10
	NETWORK HEALTH NORTHEAST	631.63	11.47	643.10	1,571.26	27.64	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	631.63	130.97	762.60	1,571.26	326.34	1,897.60
	WEA TRUST - EAST	631.63	58.27	689.90	1,571.26	144.64	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	631.63	389.37	1,021.00	1,571.26	976.14	2,547.40
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	662.97	10.63	673.60	1,649.60	25.50	1,675.10
	ARISE HEALTH PLAN	662.97	224.43	887.40	1,649.60	560.00	2,209.60
3	HUMANA - EASTERN	662.97	329.83	992.80	1,649.60	823.50	2,473.10
* ^	NETWORK HEALTH SOUTHEAST	662.97	21.73	684.70	1,649.60	53.30	1,702.90
	UNITEDHEALTHCARE OF WISCONSIN	662.97	99.63	762.60	1,649.60	248.00	1,897.60
	WEA TRUST - EAST	662.97	26.93	689.90	1,649.60	66.30	1,715.90
3	STANDARD PLAN - WAUKESHA	662.97	358.03	1,021.00	1,649.60	897.80	2,547.40
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	623.39	142.61	766.00	1,552.41	353.69	1,906.10
3 *	SECURITY HEALTH PLAN	623.39	265.51	888.90	1,552.41	660.99	2,213.40
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	623.39	248.91	872.30	1,552.41	619.49	2,171.90
3	STANDARD PLAN - WAUKESHA	623.39	397.61	1,021.00	1,552.41	994.99	2,547.40
	STATE MAINTENANCE PLAN	623.39	85.01	708.40	1,552.41	211.69	1,764.10
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	720.85	45.15	766.00	1,794.32	111.78	1,906.10
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	720.85	151.45	872.30	1,794.32	377.58	2,171.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	720.85	151.45	872.30	1,794.32	377.58	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	720.85	300.15	1,021.00	1,794.32	753.08	2,547.40
POLK							
	HEALTHPARTNERS HEALTH PLAN	720.85	45.15	766.00	1,794.32	111.78	1,906.10
3	HUMANA - WESTERN	720.85	316.45	1,037.30	1,794.32	790.08	2,584.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	720.85	151.45	872.30	1,794.32	377.58	2,171.90
3	STANDARD PLAN - DANE	720.85	227.75	948.60	1,794.32	572.08	2,366.40
PORTAGE							
*	ARISE ASPIRUS	640.60	208.80	849.40	1,593.68	520.92	2,114.60
	HEALTHPARTNERS HEALTH PLAN	640.60	125.40	766.00	1,593.68	312.42	1,906.10
3	SECURITY HEALTH PLAN	640.60	248.30	888.90	1,593.68	619.72	2,213.40
	WEA TRUST - EAST	640.60	49.30	689.90	1,593.68	122.22	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	640.60	380.40	1,021.00	1,593.68	953.72	2,547.40
PRICE							
3	GHC OF EAU CLAIRE	623.39	236.51	859.90	1,552.41	588.49	2,140.90
*	HEALTHPARTNERS HEALTH PLAN	623.39	142.61	766.00	1,552.41	353.69	1,906.10
3 *	SECURITY HEALTH PLAN	623.39	265.51	888.90	1,552.41	660.99	2,213.40
3	STANDARD PLAN - BALANCE OF STATE	623.39	397.61	1,021.00	1,552.41	994.99	2,547.40
	STATE MAINTENANCE PLAN	623.39	85.01	708.40	1,552.41	211.69	1,764.10

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IYC Local HDHP w/Dental Option - P07

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	631.93	41.67	673.60	1,571.99	103.11	1,675.10
*	ARISE HEALTH PLAN	631.93	255.47	887.40	1,571.99	637.61	2,209.60
3	HUMANA - EASTERN	631.93	360.87	992.80	1,571.99	901.11	2,473.10
* ^	NETWORK HEALTH SOUTHEAST	631.93	52.77	684.70	1,571.99	130.91	1,702.90
	UNITEDHEALTHCARE OF WISCONSIN	631.93	130.67	762.60	1,571.99	325.61	1,897.60
3	STANDARD PLAN - WAUKESHA	631.93	389.07	1,021.00	1,571.99	975.41	2,547.40
RICHLAND							
	DEAN HEALTH INSURANCE	542.85	81.75	624.60	1,349.34	203.26	1,552.60
	GUNDERSEN HEALTH PLAN	542.85	136.05	678.90	1,349.34	339.06	1,688.40
	HEALTH TRADITION HEALTH PLAN	542.85	54.05	596.90	1,349.34	134.06	1,483.40
	PHYSICIANS PLUS	542.85	64.05	606.90	1,349.34	159.06	1,508.40
	UNITY HEALTH INSURANCE - COMMUNITY	542.85	34.25	577.10	1,349.34	84.56	1,433.90
3	STANDARD PLAN - BALANCE OF STATE	542.85	478.15	1,021.00	1,349.34	1,198.06	2,547.40
ROCK							
	ANTHEM BLUE PREFERRED SOUTHEAST	574.68	98.92	673.60	1,428.90	246.20	1,675.10
	DEAN HEALTH INSURANCE	574.68	49.92	624.60	1,428.90	123.70	1,552.60
3 *	HUMANA - EASTERN	574.68	418.12	992.80	1,428.90	1,044.20	2,473.10
	MERCYCARE HEALTH PLANS	574.68	15.82	590.50	1,428.90	38.50	1,467.40
*	PHYSICIANS PLUS	574.68	32.22	606.90	1,428.90	79.50	1,508.40
	UNITEDHEALTHCARE OF WISCONSIN	574.68	187.92	762.60	1,428.90	468.70	1,897.60
	UNITY HEALTH INSURANCE - COMMUNITY	574.68	2.42	577.10	1,428.90	5.00	1,433.90
	WEA TRUST - EAST	574.68	115.22	689.90	1,428.90	287.00	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	574.68	446.32	1,021.00	1,428.90	1,118.50	2,547.40
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	766.00	-	766.00	1,906.10	-	1,906.10
3	SECURITY HEALTH PLAN	767.62	121.28	888.90	1,911.27	302.13	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	767.62	104.68	872.30	1,911.27	260.63	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	767.62	253.38	1,021.00	1,911.27	636.13	2,547.40
SAUK							
	DEAN HEALTH INSURANCE	534.56	90.04	624.60	1,328.59	224.01	1,552.60
	GHC OF SOUTH CENTRAL WISCONSIN	534.56	25.74	560.30	1,328.59	63.31	1,391.90
	GUNDERSEN HEALTH PLAN	534.56	144.34	678.90	1,328.59	359.81	1,688.40
	HEALTH TRADITION HEALTH PLAN	534.56	62.34	596.90	1,328.59	154.81	1,483.40
	PHYSICIANS PLUS	534.56	72.34	606.90	1,328.59	179.81	1,508.40
	UNITY HEALTH INSURANCE - COMMUNITY	534.56	42.54	577.10	1,328.59	105.31	1,433.90
3	STANDARD PLAN - BALANCE OF STATE	534.56	486.44	1,021.00	1,328.59	1,218.81	2,547.40
SAWYER							
3	GHC OF EAU CLAIRE	674.08	185.82	859.90	1,677.37	463.53	2,140.90
	HEALTHPARTNERS HEALTH PLAN	674.08	91.92	766.00	1,677.37	228.73	1,906.10
3	SECURITY HEALTH PLAN	674.08	214.82	888.90	1,677.37	536.03	2,213.40
3	STANDARD PLAN - BALANCE OF STATE	674.08	346.92	1,021.00	1,677.37	870.03	2,547.40

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IYC Local HDHP w/Dental Option - P07

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	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	631.63	255.77	887.40	1,571.26	638.34	2,209.60
3 *	HUMANA - EASTERN	631.63	361.17	992.80	1,571.26	901.84	2,473.10
	NETWORK HEALTH NORTHEAST	631.63	11.47	643.10	1,571.26	27.64	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	631.63	130.97	762.60	1,571.26	326.34	1,897.60
	WEA TRUST - EAST	631.63	58.27	689.90	1,571.26	144.64	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	631.63	389.37	1,021.00	1,571.26	976.14	2,547.40
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	615.11	272.29	887.40	1,529.95	679.65	2,209.60
	DEAN HEALTH INSURANCE - PREVEA360	605.10	-	605.10	1,503.90	-	1,503.90
3	HUMANA - EASTERN	615.11	377.69	992.80	1,529.95	943.15	2,473.10
	NETWORK HEALTH NORTHEAST	615.11	27.99	643.10	1,529.95	68.95	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	615.11	147.49	762.60	1,529.95	367.65	1,897.60
	WEA TRUST - EAST	615.11	74.79	689.90	1,529.95	185.95	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	615.11	405.89	1,021.00	1,529.95	1,017.45	2,547.40
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	720.85	45.15	766.00	1,794.32	111.78	1,906.10
3	HUMANA - WESTERN	720.85	316.45	1,037.30	1,794.32	790.08	2,584.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	720.85	151.45	872.30	1,794.32	377.58	2,171.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	720.85	151.45	872.30	1,794.32	377.58	2,171.90
3	STANDARD PLAN - DANE	720.85	227.75	948.60	1,794.32	572.08	2,366.40
TAYLOR							
	ARISE ASPIRUS	747.47	101.93	849.40	1,860.85	253.75	2,114.60
3	GHC OF EAU CLAIRE	747.47	112.43	859.90	1,860.85	280.05	2,140.90
*	HEALTHPARTNERS HEALTH PLAN	747.47	18.53	766.00	1,860.85	45.25	1,906.10
3	SECURITY HEALTH PLAN	747.47	141.43	888.90	1,860.85	352.55	2,213.40
3	STANDARD PLAN - BALANCE OF STATE	747.47	273.53	1,021.00	1,860.85	686.55	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	682.53	83.47	766.00	1,698.53	207.57	1,906.10
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	682.53	189.77	872.30	1,698.53	473.37	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	682.53	338.47	1,021.00	1,698.53	848.87	2,547.40
VERNON							
*	DEAN HEALTH INSURANCE	576.16	48.44	624.60	1,432.60	120.00	1,552.60
	GUNDERSEN HEALTH PLAN	576.16	102.74	678.90	1,432.60	255.80	1,688.40
	HEALTH TRADITION HEALTH PLAN	576.16	20.74	596.90	1,432.60	50.80	1,483.40
	HEALTHPARTNERS HEALTH PLAN	576.16	189.84	766.00	1,432.60	473.50	1,906.10
*	PHYSICIANS PLUS	576.16	30.74	606.90	1,432.60	75.80	1,508.40
	UNITY HEALTH INSURANCE - COMMUNITY	576.16	0.94	577.10	1,432.60	1.30	1,433.90
3	STANDARD PLAN - BALANCE OF STATE	576.16	444.84	1,021.00	1,432.60	1,114.80	2,547.40

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 HDHP w/Dental Option - P07

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	623.39	226.01	849.40	1,552.41	562.19	2,114.60
3 *	GHC OF EAU CLAIRE	623.39	236.51	859.90	1,552.41	588.49	2,140.90
*	HEALTHPARTNERS HEALTH PLAN	623.39	142.61	766.00	1,552.41	353.69	1,906.10
3 *	SECURITY HEALTH PLAN	623.39	265.51	888.90	1,552.41	660.99	2,213.40
3 *	STANDARD PLAN - BALANCE OF STATE	623.39	397.61	1,021.00	1,552.41	994.99	2,547.40
	STATE MAINTENANCE PLAN	623.39	85.01	708.40	1,552.41	211.69	1,764.10
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	613.23	60.37	673.60	1,525.26	149.84	1,675.10
	ARISE HEALTH PLAN	613.23	274.17	887.40	1,525.26	684.34	2,209.60
*	DEAN HEALTH INSURANCE	613.23	11.37	624.60	1,525.26	27.34	1,552.60
3	HUMANA - EASTERN	613.23	379.57	992.80	1,525.26	947.84	2,473.10
	MERCYCARE HEALTH PLANS	590.50	-	590.50	1,467.40	-	1,467.40
*	PHYSICIANS PLUS	606.90	-	606.90	1,508.40	-	1,508.40
	UNITEDHEALTHCARE OF WISCONSIN	613.23	149.37	762.60	1,525.26	372.34	1,897.60
	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
	WEA TRUST - EAST	613.23	76.67	689.90	1,525.26	190.64	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	613.23	407.77	1,021.00	1,525.26	1,022.14	2,547.40
WASHBURN							
3	GHC OF EAU CLAIRE	720.85	139.05	859.90	1,794.32	346.58	2,140.90
	HEALTHPARTNERS HEALTH PLAN	720.85	45.15	766.00	1,794.32	111.78	1,906.10
3	SECURITY HEALTH PLAN	720.85	168.05	888.90	1,794.32	419.08	2,213.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	720.85	151.45	872.30	1,794.32	377.58	2,171.90
3	STANDARD PLAN - BALANCE OF STATE	720.85	300.15	1,021.00	1,794.32	753.08	2,547.40
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	662.97	10.63	673.60	1,649.60	25.50	1,675.10
	ARISE HEALTH PLAN	662.97	224.43	887.40	1,649.60	560.00	2,209.60
3	HUMANA - EASTERN	662.97	329.83	992.80	1,649.60	823.50	2,473.10
* ^	NETWORK HEALTH SOUTHEAST	662.97	21.73	684.70	1,649.60	53.30	1,702.90
	UNITEDHEALTHCARE OF WISCONSIN	662.97	99.63	762.60	1,649.60	248.00	1,897.60
	WEA TRUST - EAST	662.97	26.93	689.90	1,649.60	66.30	1,715.90
3	STANDARD PLAN - WAUKESHA	662.97	358.03	1,021.00	1,649.60	897.80	2,547.40
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	618.23	55.37	673.60	1,537.76	137.34	1,675.10
	ARISE HEALTH PLAN	618.23	269.17	887.40	1,537.76	671.84	2,209.60
	DEAN HEALTH INSURANCE	618.23	6.37	624.60	1,537.76	14.84	1,552.60
3	HUMANA - EASTERN	618.23	374.57	992.80	1,537.76	935.34	2,473.10
* ^	NETWORK HEALTH SOUTHEAST	618.23	66.47	684.70	1,537.76	165.14	1,702.90
*	PHYSICIANS PLUS	606.90	-	606.90	1,508.40	-	1,508.40
	UNITEDHEALTHCARE OF WISCONSIN	618.23	144.37	762.60	1,537.76	359.84	1,897.60
	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
	WEA TRUST - EAST	618.23	71.67	689.90	1,537.76	178.14	1,715.90
3	STANDARD PLAN - WAUKESHA	618.23	402.77	1,021.00	1,537.76	1,009.64	2,547.40

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local HDHP w/Dental Option - P07

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	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	631.63	255.77	887.40	1,571.26	638.34	2,209.60
3	HUMANA - EASTERN	631.63	361.17	992.80	1,571.26	901.84	2,473.10
	NETWORK HEALTH NORTHEAST	631.63	11.47	643.10	1,571.26	27.64	1,598.90
3	SECURITY HEALTH PLAN	631.63	257.27	888.90	1,571.26	642.14	2,213.40
	UNITEDHEALTHCARE OF WISCONSIN	631.63	130.97	762.60	1,571.26	326.34	1,897.60
	WEA TRUST - EAST	631.63	58.27	689.90	1,571.26	144.64	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	631.63	389.37	1,021.00	1,571.26	976.14	2,547.40
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	582.26	23.54	605.80	1,447.85	57.75	1,505.60
*	ARISE HEALTH PLAN	582.26	305.14	887.40	1,447.85	761.75	2,209.60
3	HUMANA - EASTERN	582.26	410.54	992.80	1,447.85	1,025.25	2,473.10
	NETWORK HEALTH NORTHEAST	582.26	60.84	643.10	1,447.85	151.05	1,598.90
	PHYSICIANS PLUS	582.26	24.64	606.90	1,447.85	60.55	1,508.40
3	SECURITY HEALTH PLAN	582.26	306.64	888.90	1,447.85	765.55	2,213.40
	UNITEDHEALTHCARE OF WISCONSIN	582.26	180.34	762.60	1,447.85	449.75	1,897.60
	WEA TRUST - EAST	582.26	107.64	689.90	1,447.85	268.05	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	582.26	438.74	1,021.00	1,447.85	1,099.55	2,547.40
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	605.80	-	605.80	1,505.60	-	1,505.60
	ARISE HEALTH PLAN	631.63	255.77	887.40	1,571.26	638.34	2,209.60
3	HUMANA - EASTERN	631.63	361.17	992.80	1,571.26	901.84	2,473.10
	NETWORK HEALTH NORTHEAST	631.63	11.47	643.10	1,571.26	27.64	1,598.90
	UNITEDHEALTHCARE OF WISCONSIN	631.63	130.97	762.60	1,571.26	326.34	1,897.60
	WEA TRUST - EAST	631.63	58.27	689.90	1,571.26	144.64	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	631.63	389.37	1,021.00	1,571.26	976.14	2,547.40
WOOD							
	ARISE ASPIRUS	677.29	172.11	849.40	1,685.42	429.18	2,114.60
*	HEALTHPARTNERS HEALTH PLAN	677.29	88.71	766.00	1,685.42	220.68	1,906.10
*	PHYSICIANS PLUS	606.90	-	606.90	1,508.40	-	1,508.40
3	SECURITY HEALTH PLAN	677.29	211.61	888.90	1,685.42	527.98	2,213.40
*	UNITY HEALTH INSURANCE - COMMUNITY	577.10	-	577.10	1,433.90	-	1,433.90
	WEA TRUST - EAST	677.29	12.61	689.90	1,685.42	30.48	1,715.90
3	STANDARD PLAN - BALANCE OF STATE	677.29	343.71	1,021.00	1,685.42	861.98	2,547.40