2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
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IYC Local Traditional; No Dental - P12

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	712.53	24.77	737.30	1,772.09	62.31	1,834.40
	PHYSICIANS PLUS	712.53	2.87	715.40	1,772.09	7.61	1,779.70
3	SECURITY HEALTH PLAN	712.53	351.07	1,063.60	1,772.09	878.11	2,650.20
	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	WEA TRUST - EAST	712.53	105.37	817.90	1,772.09	263.81	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	712.53	506.77	1,219.30	1,772.09	1,269.91	3,042.00
ASHLAND							
3	GHC OF EAU CLAIRE	957.39	70.41	1,027.80	2,384.24	176.46	2,560.70
	HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
3	SECURITY HEALTH PLAN	957.39	106.21	1,063.60	2,384.24	265.96	2,650.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	957.39	85.71	1,043.10	2,384.24	214.66	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	957.39	261.91	1,219.30	2,384.24	657.76	3,042.00
BARRON							
	HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
3	HUMANA - WESTERN	957.39	289.31	1,246.70	2,384.24	723.66	3,107.90
3	SECURITY HEALTH PLAN	957.39	106.21	1,063.60	2,384.24	265.96	2,650.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	957.39	85.71	1,043.10	2,384.24	214.66	2,598.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	957.39	85.71	1,043.10	2,384.24	214.66	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	957.39	261.91	1,219.30	2,384.24	657.76	3,042.00
BAYFIELD							
3 *	GHC OF EAU CLAIRE	851.34	176.46	1,027.80	2,121.11	439.59	2,560.70
3 *	SECURITY HEALTH PLAN	851.34	212.26	1,063.60	2,121.11	529.09	2,650.20
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	851.34	191.76	1,043.10	2,121.11	477.79	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	851.34	367.96	1,219.30	2,121.11	920.89	3,042.00
	STATE MAINTENANCE PLAN	810.80	-	810.80	2,020.10	-	2,020.10
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	748.86	312.84	1,061.70	1,862.91	782.49	2,645.40
	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
3	HUMANA - EASTERN	748.86	442.94	1,191.80	1,862.91	1,107.79	2,970.70
	NETWORK HEALTH NORTHEAST	748.86	11.24	760.10	1,862.91	28.49	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	748.86	158.74	907.60	1,862.91	397.29	2,260.20
	WEA TRUST - EAST	748.86	69.04	817.90	1,862.91	172.99	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	748.86	470.44	1,219.30	1,862.91	1,179.09	3,042.00
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
3	STANDARD PLAN - BALANCE OF STATE	851.34	367.96	1,219.30	2,121.11	920.89	3,042.00
	STATE MAINTENANCE PLAN	810.80	-	810.80	2,020.10	-	2,020.10
BURNETT							
3	GHC OF EAU CLAIRE	957.39	70.41	1,027.80	2,384.24	176.46	2,560.70
	HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
3	SECURITY HEALTH PLAN	957.39	106.21	1,063.60	2,384.24	265.96	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	957.39	261.91	1,219.30	2,384.24	657.76	3,042.00

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105% of the Low Cost Qualified Plan (LCQP)

			Single Coverage			Family Coverage		
			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
CALUMET								
		ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	*	ARISE HEALTH PLAN	749.70	312.00	1,061.70	1,865.01	780.39	2,645.40
	3 *	HUMANA - EASTERN	749.70	442.10	1,191.80	1,865.01	1,105.69	2,970.70
		NETWORK HEALTH NORTHEAST	749.70	10.40	760.10	1,865.01	26.39	1,891.40
		UNITEDHEALTHCARE OF WISCONSIN	749.70	157.90	907.60	1,865.01	395.19	2,260.20
	*	WEA TRUST - EAST	749.70	68.20	817.90	1,865.01	170.89	2,035.90
	3	STANDARD PLAN - BALANCE OF STATE	749.70	469.60	1,219.30	1,865.01	1,176.99	3,042.00
CHIPPEWA								
		GUNDERSEN HEALTH PLAN	804.30	-	804.30	2,001.90	-	2,001.90
		HEALTHPARTNERS HEALTH PLAN	844.52	67.28	911.80	2,102.00	168.70	2,270.70
	3	HUMANA - WESTERN	844.52	402.18	1,246.70	2,102.00	1,005.90	3,107.90
	3	SECURITY HEALTH PLAN	844.52	219.08	1,063.60	2,102.00	548.20	2,650.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	844.52	198.58	1,043.10	2,102.00	496.90	2,598.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	844.52	198.58	1,043.10	2,102.00	496.90	2,598.90
	3	STANDARD PLAN - BALANCE OF STATE	844.52	374.78	1,219.30	2,102.00	940.00	3,042.00
CLARK								
	*	ARISE ASPIRUS	844.52	170.28	1,014.80	2,102.00	426.20	2,528.20
	3	GHC OF EAU CLAIRE	844.52	183.28	1,027.80	2,102.00	458.70	2,560.70
		GUNDERSEN HEALTH PLAN	804.30	-	804.30	2,001.90	-	2,001.90
		HEALTHPARTNERS HEALTH PLAN	844.52	67.28	911.80	2,102.00	168.70	2,270.70
	3	SECURITY HEALTH PLAN	844.52	219.08	1,063.60	2,102.00	548.20	2,650.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	844.52	198.58	1,043.10	2,102.00	496.90	2,598.90
	3	STANDARD PLAN - BALANCE OF STATE	844.52	374.78	1,219.30	2,102.00	940.00	3,042.00
COLUMBIA								
		DEAN HEALTH INSURANCE	690.80	46.50	737.30	1,717.70	116.70	1,834.40
		GHC OF SOUTH CENTRAL WISCONSIN	657.90	-	657.90	1,635.90	-	1,635.90
		PHYSICIANS PLUS	690.80	24.60	715.40	1,717.70	62.00	1,779.70
		UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
		WEA TRUST - EAST	690.80	127.10	817.90	1,717.70	318.20	2,035.90
	3	STANDARD PLAN - BALANCE OF STATE	690.80	528.50	1,219.30	1,717.70	1,324.30	3,042.00
CRAWFORD								
		GUNDERSEN HEALTH PLAN	695.31	108.99	804.30	1,729.04	272.86	2,001.90
		HEALTH TRADITION HEALTH PLAN	695.31	7.79	703.10	1,729.04	19.86	1,748.90
		HEALTHPARTNERS HEALTH PLAN	695.31	216.49	911.80	1,729.04	541.66	2,270.70
		MEDICAL ASSOCIATES HEALTH PLANS	662.20	-	662.20	1,646.70	-	1,646.70
	*	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	695.31	347.79	1,043.10	1,729.04	869.86	2,598.90
	3	STANDARD PLAN - BALANCE OF STATE	695.31	523.99	1,219.30	1,729.04	1,312.96	3,042.00
DANE								
		DEAN HEALTH INSURANCE	651.21	86.09	737.30	1,618.79	215.61	1,834.40
		GHC OF SOUTH CENTRAL WISCONSIN	651.21	6.69	657.90	1,618.79	17.11	1,635.90
		PHYSICIANS PLUS	651.21	64.19	715.40	1,618.79	160.91	1,779.70
		UNITY HEALTH INSURANCE - UW HEALTH	620.20	-	620.20	1,541.70	-	1,541.70
		WEA TRUST - SOUTH CENTRAL	623.50	-	623.50	1,549.90	-	1,549.90
	3	STANDARD PLAN - DANE	651.21	478.79	1,130.00	1,618.79	1,200.01	2,818.80

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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
DODGE								
		ANTHEM BLUE PREFERRED SOUTHEAST	712.53	85.27	797.80	1,772.09	213.61	1,985.70
	*	ARISE HEALTH PLAN	712.53	349.17	1,061.70	1,772.09	873.31	2,645.40
		DEAN HEALTH INSURANCE	712.53	24.77	737.30	1,772.09	62.31	1,834.40
	3	HUMANA - EASTERN	712.53	479.27	1,191.80	1,772.09	1,198.61	2,970.70
		NETWORK HEALTH NORTHEAST	712.53	47.57	760.10	1,772.09	119.31	1,891.40
		PHYSICIANS PLUS	712.53	2.87	715.40	1,772.09	7.61	1,779.70
		UNITEDHEALTHCARE OF WISCONSIN	712.53	195.07	907.60	1,772.09	488.11	2,260.20
		UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
		WEA TRUST - EAST	712.53	105.37	817.90	1,772.09	263.81	2,035.90
	3	STANDARD PLAN - BALANCE OF STATE	712.53	506.77	1,219.30	1,772.09	1,269.91	3,042.00
DOOR								
		ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
		ARISE HEALTH PLAN	749.70	312.00	1,061.70	1,865.01	780.39	2,645.40
	*	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
	3	HUMANA - EASTERN	749.70	442.10	1,191.80	1,865.01	1,105.69	2,970.70
		NETWORK HEALTH NORTHEAST	749.70	10.40	760.10	1,865.01	26.39	1,891.40
		UNITEDHEALTHCARE OF WISCONSIN	749.70	157.90	907.60	1,865.01	395.19	2,260.20
		WEA TRUST - EAST	749.70	68.20	817.90	1,865.01	170.89	2,035.90
	3	STANDARD PLAN - BALANCE OF STATE	749.70	469.60	1,219.30	1,865.01	1,176.99	3,042.00
DOUGLAS								
	3	GHC OF EAU CLAIRE	957.39	70.41	1,027.80	2,384.24	176.46	2,560.70
		HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
	3	SECURITY HEALTH PLAN	957.39	106.21	1,063.60	2,384.24	265.96	2,650.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	957.39	85.71	1,043.10	2,384.24	214.66	2,598.90
	3	STANDARD PLAN - BALANCE OF STATE	957.39	261.91	1,219.30	2,384.24	657.76	3,042.00
DUNN								
	3	HUMANA - WESTERN	1,095.26	151.44	1,246.70	2,728.85	379.05	3,107.90
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	1,043.10	-	1,043.10	2,598.90	-	2,598.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	1,043.10	-	1,043.10	2,598.90	-	2,598.90
	3	STANDARD PLAN - BALANCE OF STATE	1,095.26	124.04	1,219.30	2,728.85	313.15	3,042.00
EAU CLAIRE								
		GUNDERSEN HEALTH PLAN	804.30	-	804.30	2,001.90	-	2,001.90
		HEALTHPARTNERS HEALTH PLAN	844.52	67.28	911.80	2,102.00	168.70	2,270.70
	3	HUMANA - WESTERN	844.52	402.18	1,246.70	2,102.00	1,005.90	3,107.90
	3	SECURITY HEALTH PLAN	844.52	219.08	1,063.60	2,102.00	548.20	2,650.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	844.52	198.58	1,043.10	2,102.00	496.90	2,598.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	844.52	198.58	1,043.10	2,102.00	496.90	2,598.90
	3	STANDARD PLAN - BALANCE OF STATE	844.52	374.78	1,219.30	2,102.00	940.00	3,042.00
FLORENCE								
	*	ARISE ASPIRUS	851.34	163.46	1,014.80	2,121.11	407.09	2,528.20
	3	STANDARD PLAN - BALANCE OF STATE	851.34	367.96	1,219.30	2,121.11	920.89	3,042.00
		STATE MAINTENANCE PLAN	810.80	-	810.80	2,020.10	-	2,020.10

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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
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	712.53	1.47	714.00	1,772.09	4.11	1,776.20
	ARISE HEALTH PLAN	712.53	349.17	1,061.70	1,772.09	873.31	2,645.40
	DEAN HEALTH INSURANCE	712.53	24.77	737.30	1,772.09	62.31	1,834.40
3	HUMANA - EASTERN	712.53	479.27	1,191.80	1,772.09	1,198.61	2,970.70
	NETWORK HEALTH NORTHEAST	712.53	47.57	760.10	1,772.09	119.31	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	712.53	195.07	907.60	1,772.09	488.11	2,260.20
	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
3	STANDARD PLAN - BALANCE OF STATE	712.53	506.77	1,219.30	1,772.09	1,269.91	3,042.00
FOREST							
*	ARISE ASPIRUS	851.34	163.46	1,014.80	2,121.11	407.09	2,528.20
3	SECURITY HEALTH PLAN	851.34	212.26	1,063.60	2,121.11	529.09	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	851.34	367.96	1,219.30	2,121.11	920.89	3,042.00
	STATE MAINTENANCE PLAN	810.80	-	810.80	2,020.10	-	2,020.10
GRANT							
	DEAN HEALTH INSURANCE	695.31	41.99	737.30	1,729.04	105.36	1,834.40
	GUNDERSEN HEALTH PLAN	695.31	108.99	804.30	1,729.04	272.86	2,001.90
*	HEALTH TRADITION HEALTH PLAN	695.31	7.79	703.10	1,729.04	19.86	1,748.90
*	HEALTHPARTNERS HEALTH PLAN	695.31	216.49	911.80	1,729.04	541.66	2,270.70
	MEDICAL ASSOCIATES HEALTH PLANS	662.20	-	662.20	1,646.70	-	1,646.70
	PHYSICIANS PLUS	695.31	20.09	715.40	1,729.04	50.66	1,779.70
	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
3	STANDARD PLAN - DANE	695.31	434.69	1,130.00	1,729.04	1,089.76	2,818.80
GREEN							
	DEAN HEALTH INSURANCE	712.53	24.77	737.30	1,772.09	62.31	1,834.40
*	MERCYCARE HEALTH PLANS	695.20	-	695.20	1,729.20	-	1,729.20
	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
3	STANDARD PLAN - BALANCE OF STATE	712.53	506.77	1,219.30	1,772.09	1,269.91	3,042.00
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
*	ARISE HEALTH PLAN	749.70	312.00	1,061.70	1,865.01	780.39	2,645.40
*	DEAN HEALTH INSURANCE	737.30	-	737.30	1,834.40	-	1,834.40
3	HUMANA - EASTERN	749.70	442.10	1,191.80	1,865.01	1,105.69	2,970.70
	NETWORK HEALTH NORTHEAST	749.70	10.40	760.10	1,865.01	26.39	1,891.40
*	PHYSICIANS PLUS	715.40	-	715.40	1,779.70	-	1,779.70
	UNITEDHEALTHCARE OF WISCONSIN	749.70	157.90	907.60	1,865.01	395.19	2,260.20
	WEA TRUST - EAST	749.70	68.20	817.90	1,865.01	170.89	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	749.70	469.60	1,219.30	1,865.01	1,176.99	3,042.00
IOWA							
	DEAN HEALTH INSURANCE	695.31	41.99	737.30	1,729.04	105.36	1,834.40
	MEDICAL ASSOCIATES HEALTH PLANS	662.20	-	662.20	1,646.70	-	1,646.70
	PHYSICIANS PLUS	695.31	20.09	715.40	1,729.04	50.66	1,779.70
	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
3	STANDARD PLAN - BALANCE OF STATE	695.31	523.99	1,219.30	1,729.04	1,312.96	3,042.00

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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	851.34	176.46	1,027.80	2,121.11	439.59	2,560.70
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	851.34	191.76	1,043.10	2,121.11	477.79	2,598.90
	3	STANDARD PLAN - BALANCE OF STATE	851.34	367.96	1,219.30	2,121.11	920.89	3,042.00
		STATE MAINTENANCE PLAN	810.80	-	810.80	2,020.10	-	2,020.10
JACKSON								
		GUNDERSEN HEALTH PLAN	738.26	66.04	804.30	1,836.35	165.55	2,001.90
		HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
		HEALTHPARTNERS HEALTH PLAN	738.26	173.54	911.80	1,836.35	434.35	2,270.70
	3	SECURITY HEALTH PLAN	738.26	325.34	1,063.60	1,836.35	813.85	2,650.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	738.26	304.84	1,043.10	1,836.35	762.55	2,598.90
	3	STANDARD PLAN - BALANCE OF STATE	738.26	481.04	1,219.30	1,836.35	1,205.65	3,042.00
JEFFERSON								
		ANTHEM BLUE PREFERRED SOUTHEAST	712.53	85.27	797.80	1,772.09	213.61	1,985.70
		DEAN HEALTH INSURANCE	712.53	24.77	737.30	1,772.09	62.31	1,834.40
	3	HUMANA - EASTERN	712.53	479.27	1,191.80	1,772.09	1,198.61	2,970.70
		MERCYCARE HEALTH PLANS	695.20	-	695.20	1,729.20	-	1,729.20
		PHYSICIANS PLUS	712.53	2.87	715.40	1,772.09	7.61	1,779.70
		UNITEDHEALTHCARE OF WISCONSIN	712.53	195.07	907.60	1,772.09	488.11	2,260.20
		UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	3	STANDARD PLAN - DANE	712.53	417.47	1,130.00	1,772.09	1,046.71	2,818.80
JUNEAU								
	*	ARISE ASPIRUS	712.53	302.27	1,014.80	1,772.09	756.11	2,528.20
	*	DEAN HEALTH INSURANCE	712.53	24.77	737.30	1,772.09	62.31	1,834.40
		GUNDERSEN HEALTH PLAN	712.53	91.77	804.30	1,772.09	229.81	2,001.90
		HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
		PHYSICIANS PLUS	712.53	2.87	715.40	1,772.09	7.61	1,779.70
		SECURITY HEALTH PLAN	712.53	351.07	1,063.60	1,772.09	878.11	2,650.20
		UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
		WEA TRUST - EAST	712.53	105.37	817.90	1,772.09	263.81	2,035.90
	3	STANDARD PLAN - BALANCE OF STATE	712.53	506.77	1,219.30	1,772.09	1,269.91	3,042.00
KENOSHA								
		ANTHEM BLUE PREFERRED SOUTHEAST	797.80	-	797.80	1,985.70	-	1,985.70
		ARISE HEALTH PLAN	837.69	224.01	1,061.70	2,084.99	560.41	2,645.40
	3	HUMANA - EASTERN	837.69	354.11	1,191.80	2,084.99	885.71	2,970.70
		UNITEDHEALTHCARE OF WISCONSIN	837.69	69.91	907.60	2,084.99	175.21	2,260.20
	3	STANDARD PLAN - WAUKESHA	837.69	381.61	1,219.30	2,084.99	957.01	3,042.00
KEWAUNEE								
		ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
		ARISE HEALTH PLAN	749.70	312.00	1,061.70	1,865.01	780.39	2,645.40
	*	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
		NETWORK HEALTH NORTHEAST	749.70	10.40	760.10	1,865.01	26.39	1,891.40
		UNITEDHEALTHCARE OF WISCONSIN	749.70	157.90	907.60	1,865.01	395.19	2,260.20
		WEA TRUST - EAST	749.70	68.20	817.90	1,865.01	170.89	2,035.90
	3	STANDARD PLAN - BALANCE OF STATE	749.70	469.60	1,219.30	1,865.01	1,176.99	3,042.00

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LCQP
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IYC Local Traditional; No Dental - P12

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	738.26	66.04	804.30	1,836.35	165.55	2,001.90
	HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
	HEALTHPARTNERS HEALTH PLAN	738.26	173.54	911.80	1,836.35	434.35	2,270.70
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	738.26	304.84	1,043.10	1,836.35	762.55	2,598.90
3	STANDARD PLAN - DANE	738.26	391.74	1,130.00	1,836.35	982.45	2,818.80
LAFAYETTE							
*	DEAN HEALTH INSURANCE	695.31	41.99	737.30	1,729.04	105.36	1,834.40
	MEDICAL ASSOCIATES HEALTH PLANS	662.20	-	662.20	1,646.70	-	1,646.70
	PHYSICIANS PLUS	695.31	20.09	715.40	1,729.04	50.66	1,779.70
*	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
3	STANDARD PLAN - BALANCE OF STATE	695.31	523.99	1,219.30	1,729.04	1,312.96	3,042.00
LANGLADE							
	ARISE ASPIRUS	1,014.80	-	1,014.80	2,528.20	-	2,528.20
3	GHC OF EAU CLAIRE	1,027.80	-	1,027.80	2,560.70	-	2,560.70
*	HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
3	SECURITY HEALTH PLAN	1,063.60	-	1,063.60	2,650.20	-	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	1,065.54	153.76	1,219.30	2,654.61	387.39	3,042.00
LINCOLN							
*	ARISE ASPIRUS	957.39	57.41	1,014.80	2,384.24	143.96	2,528.20
3	GHC OF EAU CLAIRE	957.39	70.41	1,027.80	2,384.24	176.46	2,560.70
	HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
3	SECURITY HEALTH PLAN	957.39	106.21	1,063.60	2,384.24	265.96	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	957.39	261.91	1,219.30	2,384.24	657.76	3,042.00
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	748.86	312.84	1,061.70	1,862.91	782.49	2,645.40
	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
3	HUMANA - EASTERN	748.86	442.94	1,191.80	1,862.91	1,107.79	2,970.70
	NETWORK HEALTH NORTHEAST	748.86	11.24	760.10	1,862.91	28.49	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	748.86	158.74	907.60	1,862.91	397.29	2,260.20
	WEA TRUST - EAST	748.86	69.04	817.90	1,862.91	172.99	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	748.86	470.44	1,219.30	1,862.91	1,179.09	3,042.00
MARATHON							
	ARISE ASPIRUS	858.80	156.00	1,014.80	2,137.70	390.50	2,528.20
3	GHC OF EAU CLAIRE	858.80	169.00	1,027.80	2,137.70	423.00	2,560.70
	HEALTHPARTNERS HEALTH PLAN	858.80	53.00	911.80	2,137.70	133.00	2,270.70
3	SECURITY HEALTH PLAN	858.80	204.80	1,063.60	2,137.70	512.50	2,650.20
	WEA TRUST - EAST	817.90	-	817.90	2,035.90	-	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	858.80	360.50	1,219.30	2,137.70	904.30	3,042.00
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	749.70	312.00	1,061.70	1,865.01	780.39	2,645.40
*	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
3	HUMANA - EASTERN	749.70	442.10	1,191.80	1,865.01	1,105.69	2,970.70
	UNITEDHEALTHCARE OF WISCONSIN	749.70	157.90	907.60	1,865.01	395.19	2,260.20
3	STANDARD PLAN - BALANCE OF STATE	749.70	469.60	1,219.30	1,865.01	1,176.99	3,042.00

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105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
MARQUETTE							
*	DEAN HEALTH INSURANCE	737.30	-	737.30	1,834.40	-	1,834.40
*	NETWORK HEALTH NORTHEAST	751.17	8.93	760.10	1,868.69	22.71	1,891.40
	PHYSICIANS PLUS	715.40	-	715.40	1,779.70	-	1,779.70
*	UNITEDHEALTHCARE OF WISCONSIN	751.17	156.43	907.60	1,868.69	391.51	2,260.20
*	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	WEA TRUST - EAST	751.17	66.73	817.90	1,868.69	167.21	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	751.17	468.13	1,219.30	1,868.69	1,173.31	3,042.00
MENOMINEE							
*	WEA TRUST - EAST	817.90	-	817.90	2,035.90	-	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	851.34	367.96	1,219.30	2,121.11	920.89	3,042.00
	STATE MAINTENANCE PLAN	810.80	-	810.80	2,020.10	-	2,020.10
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	797.80	-	797.80	1,985.70	-	1,985.70
	ARISE HEALTH PLAN	837.69	224.01	1,061.70	2,084.99	560.41	2,645.40
3	HUMANA - EASTERN	837.69	354.11	1,191.80	2,084.99	885.71	2,970.70
* ^	NETWORK HEALTH SOUTHEAST	811.40	-	811.40	2,019.70	-	2,019.70
	UNITEDHEALTHCARE OF WISCONSIN	837.69	69.91	907.60	2,084.99	175.21	2,260.20
	WEA TRUST - EAST	817.90	-	817.90	2,035.90	-	2,035.90
3	STANDARD PLAN - MILWAUKEE	837.69	482.01	1,319.70	2,084.99	1,208.01	3,293.00
MONROE							
	GUNDERSEN HEALTH PLAN	738.26	66.04	804.30	1,836.35	165.55	2,001.90
	HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
	HEALTHPARTNERS HEALTH PLAN	738.26	173.54	911.80	1,836.35	434.35	2,270.70
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	738.26	304.84	1,043.10	1,836.35	762.55	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	738.26	481.04	1,219.30	1,836.35	1,205.65	3,042.00
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	748.86	312.84	1,061.70	1,862.91	782.49	2,645.40
	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
3	HUMANA - EASTERN	748.86	442.94	1,191.80	1,862.91	1,107.79	2,970.70
	NETWORK HEALTH NORTHEAST	748.86	11.24	760.10	1,862.91	28.49	1,891.40
*	UNITEDHEALTHCARE OF WISCONSIN	748.86	158.74	907.60	1,862.91	397.29	2,260.20
	WEA TRUST - EAST	748.86	69.04	817.90	1,862.91	172.99	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	748.86	470.44	1,219.30	1,862.91	1,179.09	3,042.00
ONEIDA							
*	ARISE ASPIRUS	957.39	57.41	1,014.80	2,384.24	143.96	2,528.20
3	GHC OF EAU CLAIRE	957.39	70.41	1,027.80	2,384.24	176.46	2,560.70
	HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
3	SECURITY HEALTH PLAN	957.39	106.21	1,063.60	2,384.24	265.96	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	957.39	261.91	1,219.30	2,384.24	657.76	3,042.00

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105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
OUTAGAMIE							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	749.70	312.00	1,061.70	1,865.01	780.39	2,645.40
*	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
3	HUMANA - EASTERN	749.70	442.10	1,191.80	1,865.01	1,105.69	2,970.70
	NETWORK HEALTH NORTHEAST	749.70	10.40	760.10	1,865.01	26.39	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	749.70	157.90	907.60	1,865.01	395.19	2,260.20
	WEA TRUST - EAST	749.70	68.20	817.90	1,865.01	170.89	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	749.70	469.60	1,219.30	1,865.01	1,176.99	3,042.00
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	797.80	-	797.80	1,985.70	-	1,985.70
	ARISE HEALTH PLAN	837.69	224.01	1,061.70	2,084.99	560.41	2,645.40
3	HUMANA - EASTERN	837.69	354.11	1,191.80	2,084.99	885.71	2,970.70
* ^	NETWORK HEALTH SOUTHEAST	811.40	-	811.40	2,019.70	-	2,019.70
	UNITEDHEALTHCARE OF WISCONSIN	837.69	69.91	907.60	2,084.99	175.21	2,260.20
	WEA TRUST - EAST	817.90	-	817.90	2,035.90	-	2,035.90
3	STANDARD PLAN - WAUKESHA	837.69	381.61	1,219.30	2,084.99	957.01	3,042.00
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	851.34	60.46	911.80	2,121.11	149.59	2,270.70
3	SECURITY HEALTH PLAN	851.34	212.26	1,063.60	2,121.11	529.09	2,650.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	851.34	191.76	1,043.10	2,121.11	477.79	2,598.90
3	STANDARD PLAN - WAUKESHA	851.34	367.96	1,219.30	2,121.11	920.89	3,042.00
	STATE MAINTENANCE PLAN	810.80	-	810.80	2,020.10	617.08	2,020.10
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	957.39	85.71	1,043.10	2,384.24	214.66	2,598.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	957.39	85.71	1,043.10	2,384.24	214.66	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	957.39	261.91	1,219.30	2,384.24	657.76	3,042.00
POLK							
	HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
3	HUMANA - WESTERN	957.39	289.31	1,246.70	2,384.24	723.66	3,107.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	957.39	85.71	1,043.10	2,384.24	214.66	2,598.90
3	STANDARD PLAN - DANE	957.39	172.61	1,130.00	2,384.24	434.56	2,818.80
PORTAGE							
*	ARISE ASPIRUS	858.80	156.00	1,014.80	2,137.70	390.50	2,528.20
	HEALTHPARTNERS HEALTH PLAN	858.80	53.00	911.80	2,137.70	133.00	2,270.70
3	SECURITY HEALTH PLAN	858.80	204.80	1,063.60	2,137.70	512.50	2,650.20
	WEA TRUST - EAST	817.90	-	817.90	2,035.90	-	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	858.80	360.50	1,219.30	2,137.70	904.30	3,042.00
PRICE							
3	GHC OF EAU CLAIRE	851.34	176.46	1,027.80	2,121.11	439.59	2,560.70
*	HEALTHPARTNERS HEALTH PLAN	851.34	60.46	911.80	2,121.11	149.59	2,270.70
3	SECURITY HEALTH PLAN	851.34	212.26	1,063.60	2,121.11	529.09	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	851.34	367.96	1,219.30	2,121.11	920.89	3,042.00
	STATE MAINTENANCE PLAN	810.80	-	810.80	2,020.10	-	2,020.10

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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
RACINE								
		ANTHEM BLUE PREFERRED SOUTHEAST	797.80	-	797.80	1,985.70	-	1,985.70
	*	ARISE HEALTH PLAN	837.69	224.01	1,061.70	2,084.99	560.41	2,645.40
	3	HUMANA - EASTERN	837.69	354.11	1,191.80	2,084.99	885.71	2,970.70
	* ^	NETWORK HEALTH SOUTHEAST	811.40	-	811.40	2,019.70	-	2,019.70
		UNITEDHEALTHCARE OF WISCONSIN	837.69	69.91	907.60	2,084.99	175.21	2,260.20
	3	STANDARD PLAN - WAUKESHA	837.69	381.61	1,219.30	2,084.99	957.01	3,042.00
RICHLAND								
		DEAN HEALTH INSURANCE	712.53	24.77	737.30	1,772.09	62.31	1,834.40
		GUNDERSEN HEALTH PLAN	712.53	91.77	804.30	1,772.09	229.81	2,001.90
		HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
		PHYSICIANS PLUS	712.53	2.87	715.40	1,772.09	7.61	1,779.70
		UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	3	STANDARD PLAN - BALANCE OF STATE	712.53	506.77	1,219.30	1,772.09	1,269.91	3,042.00
ROCK								
		ANTHEM BLUE PREFERRED SOUTHEAST	712.53	85.27	797.80	1,772.09	213.61	1,985.70
		DEAN HEALTH INSURANCE	712.53	24.77	737.30	1,772.09	62.31	1,834.40
	3 *	HUMANA - EASTERN	712.53	479.27	1,191.80	1,772.09	1,198.61	2,970.70
		MERCYCARE HEALTH PLANS	695.20	-	695.20	1,729.20	-	1,729.20
	*	PHYSICIANS PLUS	712.53	2.87	715.40	1,772.09	7.61	1,779.70
		UNITEDHEALTHCARE OF WISCONSIN	712.53	195.07	907.60	1,772.09	488.11	2,260.20
		UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
		WEA TRUST - EAST	712.53	105.37	817.90	1,772.09	263.81	2,035.90
	3	STANDARD PLAN - BALANCE OF STATE	712.53	506.77	1,219.30	1,772.09	1,269.91	3,042.00
RUSK								
	*	HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
	3	SECURITY HEALTH PLAN	1,063.60	-	1,063.60	2,650.20	-	2,650.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	1,043.10	-	1,043.10	2,598.90	-	2,598.90
	3	STANDARD PLAN - BALANCE OF STATE	1,095.26	124.04	1,219.30	2,728.85	313.15	3,042.00
SAUK								
		DEAN HEALTH INSURANCE	712.53	24.77	737.30	1,772.09	62.31	1,834.40
	*	GHC OF SOUTH CENTRAL WISCONSIN	657.90	-	657.90	1,635.90	-	1,635.90
		GUNDERSEN HEALTH PLAN	712.53	91.77	804.30	1,772.09	229.81	2,001.90
	*	HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
		PHYSICIANS PLUS	712.53	2.87	715.40	1,772.09	7.61	1,779.70
		UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	3	STANDARD PLAN - BALANCE OF STATE	712.53	506.77	1,219.30	1,772.09	1,269.91	3,042.00
SAWYER								
	3	GHC OF EAU CLAIRE	957.39	70.41	1,027.80	2,384.24	176.46	2,560.70
		HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
	3	SECURITY HEALTH PLAN	957.39	106.21	1,063.60	2,384.24	265.96	2,650.20
	3	STANDARD PLAN - BALANCE OF STATE	957.39	261.91	1,219.30	2,384.24	657.76	3,042.00

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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
SHAWANO								
		ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
		ARISE HEALTH PLAN	749.70	312.00	1,061.70	1,865.01	780.39	2,645.40
	3 *	HUMANA - EASTERN	749.70	442.10	1,191.80	1,865.01	1,105.69	2,970.70
		NETWORK HEALTH NORTHEAST	749.70	10.40	760.10	1,865.01	26.39	1,891.40
		UNITEDHEALTHCARE OF WISCONSIN	749.70	157.90	907.60	1,865.01	395.19	2,260.20
		WEA TRUST - EAST	749.70	68.20	817.90	1,865.01	170.89	2,035.90
	3	STANDARD PLAN - BALANCE OF STATE	749.70	469.60	1,219.30	1,865.01	1,176.99	3,042.00
SHEBOYGAN								
		ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
		ARISE HEALTH PLAN	748.86	312.84	1,061.70	1,862.91	782.49	2,645.40
		DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
	3	HUMANA - EASTERN	748.86	442.94	1,191.80	1,862.91	1,107.79	2,970.70
		NETWORK HEALTH NORTHEAST	748.86	11.24	760.10	1,862.91	28.49	1,891.40
		UNITEDHEALTHCARE OF WISCONSIN	748.86	158.74	907.60	1,862.91	397.29	2,260.20
		WEA TRUST - EAST	748.86	69.04	817.90	1,862.91	172.99	2,035.90
	3	STANDARD PLAN - BALANCE OF STATE	748.86	470.44	1,219.30	1,862.91	1,179.09	3,042.00
ST. CROIX								
		HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
	3	HUMANA - WESTERN	957.39	289.31	1,246.70	2,384.24	723.66	3,107.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	957.39	85.71	1,043.10	2,384.24	214.66	2,598.90
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	957.39	85.71	1,043.10	2,384.24	214.66	2,598.90
	3	STANDARD PLAN - DANE	957.39	172.61	1,130.00	2,384.24	434.56	2,818.80
TAYLOR								
		ARISE ASPIRUS	1,014.80	-	1,014.80	2,528.20	-	2,528.20
	3	GHC OF EAU CLAIRE	1,027.80	-	1,027.80	2,560.70	-	2,560.70
	*	HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
	3	SECURITY HEALTH PLAN	1,063.60	-	1,063.60	2,650.20	-	2,650.20
	3	STANDARD PLAN - BALANCE OF STATE	1,065.54	153.76	1,219.30	2,654.61	387.39	3,042.00
TREMPEALEAU								
		GUNDERSEN HEALTH PLAN	804.30	-	804.30	2,001.90	-	2,001.90
	*	HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
	*	HEALTHPARTNERS HEALTH PLAN	844.52	67.28	911.80	2,102.00	168.70	2,270.70
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	844.52	198.58	1,043.10	2,102.00	496.90	2,598.90
	3	STANDARD PLAN - BALANCE OF STATE	844.52	374.78	1,219.30	2,102.00	940.00	3,042.00
VERNON								
	*	DEAN HEALTH INSURANCE	712.53	24.77	737.30	1,772.09	62.31	1,834.40
		GUNDERSEN HEALTH PLAN	712.53	91.77	804.30	1,772.09	229.81	2,001.90
		HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
		HEALTHPARTNERS HEALTH PLAN	712.53	199.27	911.80	1,772.09	498.61	2,270.70
	*	PHYSICIANS PLUS	712.53	2.87	715.40	1,772.09	7.61	1,779.70
		UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	3	STANDARD PLAN - BALANCE OF STATE	712.53	506.77	1,219.30	1,772.09	1,269.91	3,042.00

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 Traditional; No Dental - P12

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	851.34	163.46	1,014.80	2,121.11	407.09	2,528.20
3	GHC OF EAU CLAIRE	851.34	176.46	1,027.80	2,121.11	439.59	2,560.70
*	HEALTHPARTNERS HEALTH PLAN	851.34	60.46	911.80	2,121.11	149.59	2,270.70
3	SECURITY HEALTH PLAN	851.34	212.26	1,063.60	2,121.11	529.09	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	851.34	367.96	1,219.30	2,121.11	920.89	3,042.00
	STATE MAINTENANCE PLAN	810.80	-	810.80	2,020.10	-	2,020.10
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	712.53	85.27	797.80	1,772.09	213.61	1,985.70
	ARISE HEALTH PLAN	712.53	349.17	1,061.70	1,772.09	873.31	2,645.40
*	DEAN HEALTH INSURANCE	712.53	24.77	737.30	1,772.09	62.31	1,834.40
3	HUMANA - EASTERN	712.53	479.27	1,191.80	1,772.09	1,198.61	2,970.70
	MERCYCARE HEALTH PLANS	695.20	-	695.20	1,729.20	-	1,729.20
*	PHYSICIANS PLUS	712.53	2.87	715.40	1,772.09	7.61	1,779.70
	UNITEDHEALTHCARE OF WISCONSIN	712.53	195.07	907.60	1,772.09	488.11	2,260.20
	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	WEA TRUST - EAST	712.53	105.37	817.90	1,772.09	263.81	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	712.53	506.77	1,219.30	1,772.09	1,269.91	3,042.00
WASHBURN							
3	GHC OF EAU CLAIRE	957.39	70.41	1,027.80	2,384.24	176.46	2,560.70
	HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
3	SECURITY HEALTH PLAN	957.39	106.21	1,063.60	2,384.24	265.96	2,650.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	957.39	85.71	1,043.10	2,384.24	214.66	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	957.39	261.91	1,219.30	2,384.24	657.76	3,042.00
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	797.80	-	797.80	1,985.70	-	1,985.70
	ARISE HEALTH PLAN	837.69	224.01	1,061.70	2,084.99	560.41	2,645.40
3	HUMANA - EASTERN	837.69	354.11	1,191.80	2,084.99	885.71	2,970.70
* ^	NETWORK HEALTH SOUTHEAST	811.40	-	811.40	2,019.70	-	2,019.70
	UNITEDHEALTHCARE OF WISCONSIN	837.69	69.91	907.60	2,084.99	175.21	2,260.20
	WEA TRUST - EAST	817.90	-	817.90	2,035.90	-	2,035.90
3	STANDARD PLAN - WAUKESHA	837.69	381.61	1,219.30	2,084.99	957.01	3,042.00
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	712.53	85.27	797.80	1,772.09	213.61	1,985.70
	ARISE HEALTH PLAN	712.53	349.17	1,061.70	1,772.09	873.31	2,645.40
	DEAN HEALTH INSURANCE	712.53	24.77	737.30	1,772.09	62.31	1,834.40
3	HUMANA - EASTERN	712.53	479.27	1,191.80	1,772.09	1,198.61	2,970.70
* ^	NETWORK HEALTH SOUTHEAST	712.53	98.87	811.40	1,772.09	247.61	2,019.70
*	PHYSICIANS PLUS	712.53	2.87	715.40	1,772.09	7.61	1,779.70
	UNITEDHEALTHCARE OF WISCONSIN	712.53	195.07	907.60	1,772.09	488.11	2,260.20
	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	WEA TRUST - EAST	712.53	105.37	817.90	1,772.09	263.81	2,035.90
3	STANDARD PLAN - WAUKESHA	712.53	506.77	1,219.30	1,772.09	1,269.91	3,042.00

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105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	749.70	312.00	1,061.70	1,865.01	780.39	2,645.40
3	HUMANA - EASTERN	749.70	442.10	1,191.80	1,865.01	1,105.69	2,970.70
	NETWORK HEALTH NORTHEAST	749.70	10.40	760.10	1,865.01	26.39	1,891.40
3	SECURITY HEALTH PLAN	749.70	313.90	1,063.60	1,865.01	785.19	2,650.20
	UNITEDHEALTHCARE OF WISCONSIN	749.70	157.90	907.60	1,865.01	395.19	2,260.20
	WEA TRUST - EAST	749.70	68.20	817.90	1,865.01	170.89	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	749.70	469.60	1,219.30	1,865.01	1,176.99	3,042.00
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
*	ARISE HEALTH PLAN	749.70	312.00	1,061.70	1,865.01	780.39	2,645.40
3	HUMANA - EASTERN	749.70	442.10	1,191.80	1,865.01	1,105.69	2,970.70
	NETWORK HEALTH NORTHEAST	749.70	10.40	760.10	1,865.01	26.39	1,891.40
	PHYSICIANS PLUS	715.40	-	715.40	1,779.70	-	1,779.70
3	SECURITY HEALTH PLAN	749.70	313.90	1,063.60	1,865.01	785.19	2,650.20
	UNITEDHEALTHCARE OF WISCONSIN	749.70	157.90	907.60	1,865.01	395.19	2,260.20
	WEA TRUST - EAST	749.70	68.20	817.90	1,865.01	170.89	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	749.70	469.60	1,219.30	1,865.01	1,176.99	3,042.00
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	749.70	312.00	1,061.70	1,865.01	780.39	2,645.40
3	HUMANA - EASTERN	749.70	442.10	1,191.80	1,865.01	1,105.69	2,970.70
	NETWORK HEALTH NORTHEAST	749.70	10.40	760.10	1,865.01	26.39	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	749.70	157.90	907.60	1,865.01	395.19	2,260.20
	WEA TRUST - EAST	749.70	68.20	817.90	1,865.01	170.89	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	749.70	469.60	1,219.30	1,865.01	1,176.99	3,042.00
WOOD							
	ARISE ASPIRUS	1,014.80	-	1,014.80	2,528.20	-	2,528.20
*	HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
*	PHYSICIANS PLUS	715.40	-	715.40	1,779.70	-	1,779.70
3	SECURITY HEALTH PLAN	1,063.60	-	1,063.60	2,650.20	-	2,650.20
*	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
*	WEA TRUST - EAST	817.90	-	817.90	2,035.90	-	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	1,065.54	153.76	1,219.30	2,654.61	387.39	3,042.00