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 Traditional; No Dental - P12

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	648.82	88.48	737.30	1,614.29	220.11	1,834.40
	PHYSICIANS PLUS	648.82	66.58	715.40	1,614.29	165.41	1,779.70
3	SECURITY HEALTH PLAN	648.82	414.78	1,063.60	1,614.29	1,035.91	2,650.20
	UNITY HEALTH INSURANCE - COMMUNITY	648.82	29.78	678.60	1,614.29	73.41	1,687.70
	WEA TRUST - EAST	648.82	169.08	817.90	1,614.29	421.61	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	648.82	570.48	1,219.30	1,614.29	1,427.71	3,042.00
ASHLAND							
3	GHC OF EAU CLAIRE	860.16	167.64	1,027.80	2,142.62	418.08	2,560.70
	HEALTHPARTNERS HEALTH PLAN	860.16	51.64	911.80	2,142.62	128.08	2,270.70
3	SECURITY HEALTH PLAN	860.16	203.44	1,063.60	2,142.62	507.58	2,650.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	860.16	182.94	1,043.10	2,142.62	456.28	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	860.16	359.14	1,219.30	2,142.62	899.38	3,042.00
BARRON							
	HEALTHPARTNERS HEALTH PLAN	879.41	32.39	911.80	2,190.76	79.94	2,270.70
3	HUMANA - WESTERN	879.41	367.29	1,246.70	2,190.76	917.14	3,107.90
3	SECURITY HEALTH PLAN	879.41	184.19	1,063.60	2,190.76	459.44	2,650.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	879.41	163.69	1,043.10	2,190.76	408.14	2,598.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	879.41	163.69	1,043.10	2,190.76	408.14	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	879.41	339.89	1,219.30	2,190.76	851.24	3,042.00
BAYFIELD							
3 *	GHC OF EAU CLAIRE	713.50	314.30	1,027.80	1,777.69	783.01	2,560.70
3 *	SECURITY HEALTH PLAN	713.50	350.10	1,063.60	1,777.69	872.51	2,650.20
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	713.50	329.60	1,043.10	1,777.69	821.21	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	713.50	505.80	1,219.30	1,777.69	1,264.31	3,042.00
	STATE MAINTENANCE PLAN	713.50	97.30	810.80	1,777.69	242.41	2,020.10
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	729.59	332.11	1,061.70	1,816.22	829.18	2,645.40
	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
3	HUMANA - EASTERN	729.59	462.21	1,191.80	1,816.22	1,154.48	2,970.70
	NETWORK HEALTH NORTHEAST	729.59	30.51	760.10	1,816.22	75.18	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	729.59	178.01	907.60	1,816.22	443.98	2,260.20
	WEA TRUST - EAST	729.59	88.31	817.90	1,816.22	219.68	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	729.59	489.71	1,219.30	1,816.22	1,225.78	3,042.00
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
3	STANDARD PLAN - BALANCE OF STATE	713.50	505.80	1,219.30	1,777.69	1,264.31	3,042.00
	STATE MAINTENANCE PLAN	713.50	97.30	810.80	1,777.69	242.41	2,020.10
BURNETT							
3	GHC OF EAU CLAIRE	802.38	225.42	1,027.80	1,998.22	562.48	2,560.70
	HEALTHPARTNERS HEALTH PLAN	802.38	109.42	911.80	1,998.22	272.48	2,270.70
3	SECURITY HEALTH PLAN	802.38	261.22	1,063.60	1,998.22	651.98	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	802.38	416.92	1,219.30	1,998.22	1,043.78	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
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	698.63	15.37	714.00	1,738.82	37.38	1,776.20
*	ARISE HEALTH PLAN	698.63	363.07	1,061.70	1,738.82	906.58	2,645.40
3 *	HUMANA - EASTERN	698.63	493.17	1,191.80	1,738.82	1,231.88	2,970.70
	NETWORK HEALTH NORTHEAST	698.63	61.47	760.10	1,738.82	152.58	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	698.63	208.97	907.60	1,738.82	521.38	2,260.20
*	WEA TRUST - EAST	698.63	119.27	817.90	1,738.82	297.08	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	698.63	520.67	1,219.30	1,738.82	1,303.18	3,042.00
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	804.30	-	804.30	2,001.90	-	2,001.90
	HEALTHPARTNERS HEALTH PLAN	836.51	75.29	911.80	2,083.49	187.21	2,270.70
3	HUMANA - WESTERN	836.51	410.19	1,246.70	2,083.49	1,024.41	3,107.90
3	SECURITY HEALTH PLAN	836.51	227.09	1,063.60	2,083.49	566.71	2,650.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	836.51	206.59	1,043.10	2,083.49	515.41	2,598.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	836.51	206.59	1,043.10	2,083.49	515.41	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	836.51	382.79	1,219.30	2,083.49	958.51	3,042.00
CLARK							
*	ARISE ASPIRUS	809.37	205.43	1,014.80	2,015.64	512.56	2,528.20
3	GHC OF EAU CLAIRE	809.37	218.43	1,027.80	2,015.64	545.06	2,560.70
	GUNDERSEN HEALTH PLAN	804.30	-	804.30	2,001.90	-	2,001.90
	HEALTHPARTNERS HEALTH PLAN	809.37	102.43	911.80	2,015.64	255.06	2,270.70
3	SECURITY HEALTH PLAN	809.37	254.23	1,063.60	2,015.64	634.56	2,650.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	809.37	233.73	1,043.10	2,015.64	583.26	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	809.37	409.93	1,219.30	2,015.64	1,026.36	3,042.00
COLUMBIA							
	DEAN HEALTH INSURANCE	634.85	102.45	737.30	1,579.35	255.05	1,834.40
	GHC OF SOUTH CENTRAL WISCONSIN	634.85	23.05	657.90	1,579.35	56.55	1,635.90
	PHYSICIANS PLUS	634.85	80.55	715.40	1,579.35	200.35	1,779.70
	UNITY HEALTH INSURANCE - COMMUNITY	634.85	43.75	678.60	1,579.35	108.35	1,687.70
	WEA TRUST - EAST	634.85	183.05	817.90	1,579.35	456.55	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	634.85	584.45	1,219.30	1,579.35	1,462.65	3,042.00
CRAWFORD							
	GUNDERSEN HEALTH PLAN	677.91	126.39	804.30	1,687.00	314.90	2,001.90
	HEALTH TRADITION HEALTH PLAN	677.91	25.19	703.10	1,687.00	61.90	1,748.90
	HEALTHPARTNERS HEALTH PLAN	677.91	233.89	911.80	1,687.00	583.70	2,270.70
	MEDICAL ASSOCIATES HEALTH PLANS	662.20	-	662.20	1,646.70	-	1,646.70
*	UNITY HEALTH INSURANCE - COMMUNITY	677.91	0.69	678.60	1,687.00	0.70	1,687.70
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	677.91	365.19	1,043.10	1,687.00	911.90	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	677.91	541.39	1,219.30	1,687.00	1,355.00	3,042.00
DANE							
	DEAN HEALTH INSURANCE	590.36	146.94	737.30	1,468.12	366.28	1,834.40
	GHC OF SOUTH CENTRAL WISCONSIN	590.36	67.54	657.90	1,468.12	167.78	1,635.90
	PHYSICIANS PLUS	590.36	125.04	715.40	1,468.12	311.58	1,779.70
	UNITY HEALTH INSURANCE - UW HEALTH	590.36	29.84	620.20	1,468.12	73.58	1,541.70
	WEA TRUST - SOUTH CENTRAL	590.36	33.14	623.50	1,468.12	81.78	1,549.90
3	STANDARD PLAN - DANE	590.36	539.64	1,130.00	1,468.12	1,350.68	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	680.71	117.09	797.80	1,694.00	291.70	1,985.70
*	ARISE HEALTH PLAN	680.71	380.99	1,061.70	1,694.00	951.40	2,645.40
	DEAN HEALTH INSURANCE	680.71	56.59	737.30	1,694.00	140.40	1,834.40
3	HUMANA - EASTERN	680.71	511.09	1,191.80	1,694.00	1,276.70	2,970.70
	NETWORK HEALTH NORTHEAST	680.71	79.39	760.10	1,694.00	197.40	1,891.40
	PHYSICIANS PLUS	680.71	34.69	715.40	1,694.00	85.70	1,779.70
	UNITEDHEALTHCARE OF WISCONSIN	680.71	226.89	907.60	1,694.00	566.20	2,260.20
	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	WEA TRUST - EAST	680.71	137.19	817.90	1,694.00	341.90	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	680.71	538.59	1,219.30	1,694.00	1,348.00	3,042.00
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	749.99	311.71	1,061.70	1,867.20	778.20	2,645.40
*	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
3 *	HUMANA - EASTERN	749.99	441.81	1,191.80	1,867.20	1,103.50	2,970.70
	NETWORK HEALTH NORTHEAST	749.99	10.11	760.10	1,867.20	24.20	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	749.99	157.61	907.60	1,867.20	393.00	2,260.20
	WEA TRUST - EAST	749.99	67.91	817.90	1,867.20	168.70	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	749.99	469.31	1,219.30	1,867.20	1,174.80	3,042.00
DOUGLAS							
3	GHC OF EAU CLAIRE	860.16	167.64	1,027.80	2,142.62	418.08	2,560.70
	HEALTHPARTNERS HEALTH PLAN	860.16	51.64	911.80	2,142.62	128.08	2,270.70
3	SECURITY HEALTH PLAN	860.16	203.44	1,063.60	2,142.62	507.58	2,650.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	860.16	182.94	1,043.10	2,142.62	456.28	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	860.16	359.14	1,219.30	2,142.62	899.38	3,042.00
DUNN							
3	HUMANA - WESTERN	917.93	328.77	1,246.70	2,287.03	820.87	3,107.90
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	917.93	125.17	1,043.10	2,287.03	311.87	2,598.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	917.93	125.17	1,043.10	2,287.03	311.87	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	917.93	301.37	1,219.30	2,287.03	754.97	3,042.00
EAU CLAIRE							
	GUNDERSEN HEALTH PLAN	804.30	-	804.30	2,001.90	-	2,001.90
	HEALTHPARTNERS HEALTH PLAN	836.51	75.29	911.80	2,083.49	187.21	2,270.70
3	HUMANA - WESTERN	836.51	410.19	1,246.70	2,083.49	1,024.41	3,107.90
3	SECURITY HEALTH PLAN	836.51	227.09	1,063.60	2,083.49	566.71	2,650.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	836.51	206.59	1,043.10	2,083.49	515.41	2,598.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	836.51	206.59	1,043.10	2,083.49	515.41	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	836.51	382.79	1,219.30	2,083.49	958.51	3,042.00
FLORENCE							
*	ARISE ASPIRUS	713.50	301.30	1,014.80	1,777.69	750.51	2,528.20
3	STANDARD PLAN - BALANCE OF STATE	713.50	505.80	1,219.30	1,777.69	1,264.31	3,042.00
	STATE MAINTENANCE PLAN	713.50	97.30	810.80	1,777.69	242.41	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	712.70	1.30	714.00	1,773.98	2.22	1,776.20
	ARISE HEALTH PLAN	712.70	349.00	1,061.70	1,773.98	871.42	2,645.40
	DEAN HEALTH INSURANCE	712.70	24.60	737.30	1,773.98	60.42	1,834.40
3	HUMANA - EASTERN	712.70	479.10	1,191.80	1,773.98	1,196.72	2,970.70
	NETWORK HEALTH NORTHEAST	712.70	47.40	760.10	1,773.98	117.42	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	712.70	194.90	907.60	1,773.98	486.22	2,260.20
	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
3	STANDARD PLAN - BALANCE OF STATE	712.70	506.60	1,219.30	1,773.98	1,268.02	3,042.00
FOREST							
*	ARISE ASPIRUS	713.50	301.30	1,014.80	1,777.69	750.51	2,528.20
3 *	SECURITY HEALTH PLAN	713.50	350.10	1,063.60	1,777.69	872.51	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	713.50	505.80	1,219.30	1,777.69	1,264.31	3,042.00
	STATE MAINTENANCE PLAN	713.50	97.30	810.80	1,777.69	242.41	2,020.10
GRANT							
	DEAN HEALTH INSURANCE	633.21	104.09	737.30	1,575.27	259.13	1,834.40
	GUNDERSEN HEALTH PLAN	633.21	171.09	804.30	1,575.27	426.63	2,001.90
*	HEALTH TRADITION HEALTH PLAN	633.21	69.89	703.10	1,575.27	173.63	1,748.90
*	HEALTHPARTNERS HEALTH PLAN	633.21	278.59	911.80	1,575.27	695.43	2,270.70
	MEDICAL ASSOCIATES HEALTH PLANS	633.21	28.99	662.20	1,575.27	71.43	1,646.70
	PHYSICIANS PLUS	633.21	82.19	715.40	1,575.27	204.43	1,779.70
	UNITY HEALTH INSURANCE - COMMUNITY	633.21	45.39	678.60	1,575.27	112.43	1,687.70
3	STANDARD PLAN - DANE	633.21	496.79	1,130.00	1,575.27	1,243.53	2,818.80
GREEN							
	DEAN HEALTH INSURANCE	623.00	114.30	737.30	1,549.72	284.68	1,834.40
*	MERCYCARE HEALTH PLANS	623.00	72.20	695.20	1,549.72	179.48	1,729.20
	UNITY HEALTH INSURANCE - COMMUNITY	623.00	55.60	678.60	1,549.72	137.98	1,687.70
3	STANDARD PLAN - BALANCE OF STATE	623.00	596.30	1,219.30	1,549.72	1,492.28	3,042.00
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	703.91	10.09	714.00	1,752.01	24.19	1,776.20
*	ARISE HEALTH PLAN	703.91	357.79	1,061.70	1,752.01	893.39	2,645.40
*	DEAN HEALTH INSURANCE	703.91	33.39	737.30	1,752.01	82.39	1,834.40
3	HUMANA - EASTERN	703.91	487.89	1,191.80	1,752.01	1,218.69	2,970.70
	NETWORK HEALTH NORTHEAST	703.91	56.19	760.10	1,752.01	139.39	1,891.40
*	PHYSICIANS PLUS	703.91	11.49	715.40	1,752.01	27.69	1,779.70
	UNITEDHEALTHCARE OF WISCONSIN	703.91	203.69	907.60	1,752.01	508.19	2,260.20
	WEA TRUST - EAST	703.91	113.99	817.90	1,752.01	283.89	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	703.91	515.39	1,219.30	1,752.01	1,289.99	3,042.00
IOWA							
	DEAN HEALTH INSURANCE	614.57	122.73	737.30	1,528.67	305.73	1,834.40
	MEDICAL ASSOCIATES HEALTH PLANS	614.57	47.63	662.20	1,528.67	118.03	1,646.70
	PHYSICIANS PLUS	614.57	100.83	715.40	1,528.67	251.03	1,779.70
	UNITY HEALTH INSURANCE - COMMUNITY	614.57	64.03	678.60	1,528.67	159.03	1,687.70
3	STANDARD PLAN - BALANCE OF STATE	614.57	604.73	1,219.30	1,528.67	1,513.33	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	713.50	314.30	1,027.80	1,777.69	783.01	2,560.70
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	713.50	329.60	1,043.10	1,777.69	821.21	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	713.50	505.80	1,219.30	1,777.69	1,264.31	3,042.00
	STATE MAINTENANCE PLAN	713.50	97.30	810.80	1,777.69	242.41	2,020.10
JACKSON							
	GUNDERSEN HEALTH PLAN	761.71	42.59	804.30	1,896.49	105.41	2,001.90
	HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
	HEALTHPARTNERS HEALTH PLAN	761.71	150.09	911.80	1,896.49	374.21	2,270.70
3	SECURITY HEALTH PLAN	761.71	301.89	1,063.60	1,896.49	753.71	2,650.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	761.71	281.39	1,043.10	1,896.49	702.41	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	761.71	457.59	1,219.30	1,896.49	1,145.51	3,042.00
JEFFERSON							
	ANTHEM BLUE PREFERRED SOUTHEAST	664.68	133.12	797.80	1,653.95	331.75	1,985.70
	DEAN HEALTH INSURANCE	664.68	72.62	737.30	1,653.95	180.45	1,834.40
3	HUMANA - EASTERN	664.68	527.12	1,191.80	1,653.95	1,316.75	2,970.70
	MERCYCARE HEALTH PLANS	664.68	30.52	695.20	1,653.95	75.25	1,729.20
	PHYSICIANS PLUS	664.68	50.72	715.40	1,653.95	125.75	1,779.70
	UNITEDHEALTHCARE OF WISCONSIN	664.68	242.92	907.60	1,653.95	606.25	2,260.20
	UNITY HEALTH INSURANCE - COMMUNITY	664.68	13.92	678.60	1,653.95	33.75	1,687.70
3	STANDARD PLAN - DANE	664.68	465.32	1,130.00	1,653.95	1,164.85	2,818.80
JUNEAU							
*	ARISE ASPIRUS	654.60	360.20	1,014.80	1,628.72	899.48	2,528.20
*	DEAN HEALTH INSURANCE	654.60	82.70	737.30	1,628.72	205.68	1,834.40
	GUNDERSEN HEALTH PLAN	654.60	149.70	804.30	1,628.72	373.18	2,001.90
	HEALTH TRADITION HEALTH PLAN	654.60	48.50	703.10	1,628.72	120.18	1,748.90
	PHYSICIANS PLUS	654.60	60.80	715.40	1,628.72	150.98	1,779.70
3	SECURITY HEALTH PLAN	654.60	409.00	1,063.60	1,628.72	1,021.48	2,650.20
	UNITY HEALTH INSURANCE - COMMUNITY (REV 11/3/2015)	654.60	24.00	678.60	1,628.72	58.98	1,687.70
	WEA TRUST - EAST	654.60	163.30	817.90	1,628.72	407.18	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	654.60	564.70	1,219.30	1,628.72	1,413.28	3,042.00
KENOSHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	797.80	-	797.80	1,985.70	-	1,985.70
	ARISE HEALTH PLAN	811.68	250.02	1,061.70	2,021.45	623.95	2,645.40
3	HUMANA - EASTERN	811.68	380.12	1,191.80	2,021.45	949.25	2,970.70
	UNITEDHEALTHCARE OF WISCONSIN	811.68	95.92	907.60	2,021.45	238.75	2,260.20
3	STANDARD PLAN - WAUKESHA	811.68	407.62	1,219.30	2,021.45	1,020.55	3,042.00
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	770.26	291.44	1,061.70	1,917.89	727.51	2,645.40
*	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
*	NETWORK HEALTH NORTHEAST	760.10	-	760.10	1,891.40	-	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	770.26	137.34	907.60	1,917.89	342.31	2,260.20
	WEA TRUST - EAST	770.26	47.64	817.90	1,917.89	118.01	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	770.26	449.04	1,219.30	1,917.89	1,124.11	3,042.00

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Traditional; No Dental - P12

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	761.71	42.59	804.30	1,896.49	105.41	2,001.90
	HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
	HEALTHPARTNERS HEALTH PLAN	761.71	150.09	911.80	1,896.49	374.21	2,270.70
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	761.71	281.39	1,043.10	1,896.49	702.41	2,598.90
3	STANDARD PLAN - DANE	761.71	368.29	1,130.00	1,896.49	922.31	2,818.80
LAFAYETTE							
*	DEAN HEALTH INSURANCE	629.55	107.75	737.30	1,566.14	268.26	1,834.40
*	MEDICAL ASSOCIATES HEALTH PLANS	629.55	32.65	662.20	1,566.14	80.56	1,646.70
	PHYSICIANS PLUS	629.55	85.85	715.40	1,566.14	213.56	1,779.70
*	UNITY HEALTH INSURANCE - COMMUNITY	629.55	49.05	678.60	1,566.14	121.56	1,687.70
3	STANDARD PLAN - BALANCE OF STATE	629.55	589.75	1,219.30	1,566.14	1,475.86	3,042.00
LANGLADE							
	ARISE ASPIRUS	893.02	121.78	1,014.80	2,224.82	303.38	2,528.20
3	GHC OF EAU CLAIRE	893.02	134.78	1,027.80	2,224.82	335.88	2,560.70
*	HEALTHPARTNERS HEALTH PLAN	893.02	18.78	911.80	2,224.82	45.88	2,270.70
3	SECURITY HEALTH PLAN	893.02	170.58	1,063.60	2,224.82	425.38	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	893.02	326.28	1,219.30	2,224.82	817.18	3,042.00
LINCOLN							
*	ARISE ASPIRUS	802.38	212.42	1,014.80	1,998.22	529.98	2,528.20
3	GHC OF EAU CLAIRE	802.38	225.42	1,027.80	1,998.22	562.48	2,560.70
	HEALTHPARTNERS HEALTH PLAN	802.38	109.42	911.80	1,998.22	272.48	2,270.70
3	SECURITY HEALTH PLAN	802.38	261.22	1,063.60	1,998.22	651.98	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	802.38	416.92	1,219.30	1,998.22	1,043.78	3,042.00
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	729.59	332.11	1,061.70	1,816.22	829.18	2,645.40
	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
3	HUMANA - EASTERN	729.59	462.21	1,191.80	1,816.22	1,154.48	2,970.70
	NETWORK HEALTH NORTHEAST	729.59	30.51	760.10	1,816.22	75.18	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	729.59	178.01	907.60	1,816.22	443.98	2,260.20
	WEA TRUST - EAST	729.59	88.31	817.90	1,816.22	219.68	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	729.59	489.71	1,219.30	1,816.22	1,225.78	3,042.00
MARATHON							
	ARISE ASPIRUS	805.05	209.75	1,014.80	2,004.87	523.33	2,528.20
3	GHC OF EAU CLAIRE	805.05	222.75	1,027.80	2,004.87	555.83	2,560.70
	HEALTHPARTNERS HEALTH PLAN	805.05	106.75	911.80	2,004.87	265.83	2,270.70
3	SECURITY HEALTH PLAN	805.05	258.55	1,063.60	2,004.87	645.33	2,650.20
	WEA TRUST - EAST	805.05	12.85	817.90	2,004.87	31.03	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	805.05	414.25	1,219.30	2,004.87	1,037.13	3,042.00
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	787.10	274.60	1,061.70	1,959.99	685.41	2,645.40
*	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
3	HUMANA - EASTERN	787.10	404.70	1,191.80	1,959.99	1,010.71	2,970.70
	UNITEDHEALTHCARE OF WISCONSIN	787.10	120.50	907.60	1,959.99	300.21	2,260.20
3	STANDARD PLAN - BALANCE OF STATE	787.10	432.20	1,219.30	1,959.99	1,082.01	3,042.00

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IYC Local Traditional; No Dental - P12

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	674.65	62.65	737.30	1,678.86	155.54	1,834.40
*	NETWORK HEALTH NORTHEAST	674.65	85.45	760.10	1,678.86	212.54	1,891.40
	PHYSICIANS PLUS	674.65	40.75	715.40	1,678.86	100.84	1,779.70
*	UNITEDHEALTHCARE OF WISCONSIN	674.65	232.95	907.60	1,678.86	581.34	2,260.20
*	UNITY HEALTH INSURANCE - COMMUNITY	674.65	3.95	678.60	1,678.86	8.84	1,687.70
	WEA TRUST - EAST	674.65	143.25	817.90	1,678.86	357.04	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	674.65	544.65	1,219.30	1,678.86	1,363.14	3,042.00
MENOMINEE							
*	WEA TRUST - EAST	713.50	104.40	817.90	1,777.69	258.21	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	713.50	505.80	1,219.30	1,777.69	1,264.31	3,042.00
	STATE MAINTENANCE PLAN	713.50	97.30	810.80	1,777.69	242.41	2,020.10
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	788.70	9.10	797.80	1,963.98	21.72	1,985.70
	ARISE HEALTH PLAN	788.70	273.00	1,061.70	1,963.98	681.42	2,645.40
3	HUMANA - EASTERN	788.70	403.10	1,191.80	1,963.98	1,006.72	2,970.70
* ^	NETWORK HEALTH SOUTHEAST	788.70	22.70	811.40	1,963.98	55.72	2,019.70
	UNITEDHEALTHCARE OF WISCONSIN	788.70	118.90	907.60	1,963.98	296.22	2,260.20
	WEA TRUST - EAST	788.70	29.20	817.90	1,963.98	71.92	2,035.90
3	STANDARD PLAN - MILWAUKEE	788.70	531.00	1,319.70	1,963.98	1,329.02	3,293.00
MONROE							
	GUNDERSEN HEALTH PLAN	709.63	94.67	804.30	1,766.31	235.59	2,001.90
	HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
	HEALTHPARTNERS HEALTH PLAN	709.63	202.17	911.80	1,766.31	504.39	2,270.70
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	709.63	333.47	1,043.10	1,766.31	832.59	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	709.63	509.67	1,219.30	1,766.31	1,275.69	3,042.00
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	715.77	345.93	1,061.70	1,781.67	863.73	2,645.40
	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
3	HUMANA - EASTERN	715.77	476.03	1,191.80	1,781.67	1,189.03	2,970.70
	NETWORK HEALTH NORTHEAST	715.77	44.33	760.10	1,781.67	109.73	1,891.40
*	UNITEDHEALTHCARE OF WISCONSIN	715.77	191.83	907.60	1,781.67	478.53	2,260.20
	WEA TRUST - EAST	715.77	102.13	817.90	1,781.67	254.23	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	715.77	503.53	1,219.30	1,781.67	1,260.33	3,042.00
ONEIDA							
*	ARISE ASPIRUS	802.38	212.42	1,014.80	1,998.22	529.98	2,528.20
3	GHC OF EAU CLAIRE	802.38	225.42	1,027.80	1,998.22	562.48	2,560.70
	HEALTHPARTNERS HEALTH PLAN	802.38	109.42	911.80	1,998.22	272.48	2,270.70
3	SECURITY HEALTH PLAN	802.38	261.22	1,063.60	1,998.22	651.98	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	802.38	416.92	1,219.30	1,998.22	1,043.78	3,042.00

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IYC Local Traditional; No Dental - P12

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	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	749.99	311.71	1,061.70	1,867.20	778.20	2,645.40
*	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
3	HUMANA - EASTERN	749.99	441.81	1,191.80	1,867.20	1,103.50	2,970.70
	NETWORK HEALTH NORTHEAST	749.99	10.11	760.10	1,867.20	24.20	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	749.99	157.61	907.60	1,867.20	393.00	2,260.20
	WEA TRUST - EAST	749.99	67.91	817.90	1,867.20	168.70	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	749.99	469.31	1,219.30	1,867.20	1,174.80	3,042.00
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	788.70	9.10	797.80	1,963.98	21.72	1,985.70
	ARISE HEALTH PLAN	788.70	273.00	1,061.70	1,963.98	681.42	2,645.40
3	HUMANA - EASTERN	788.70	403.10	1,191.80	1,963.98	1,006.72	2,970.70
* ^	NETWORK HEALTH SOUTHEAST	788.70	22.70	811.40	1,963.98	55.72	2,019.70
	UNITEDHEALTHCARE OF WISCONSIN	788.70	118.90	907.60	1,963.98	296.22	2,260.20
	WEA TRUST - EAST	788.70	29.20	817.90	1,963.98	71.92	2,035.90
3	STANDARD PLAN - WAUKESHA	788.70	430.60	1,219.30	1,963.98	1,078.02	3,042.00
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	713.50	198.30	911.80	1,777.69	493.01	2,270.70
3 *	SECURITY HEALTH PLAN	713.50	350.10	1,063.60	1,777.69	872.51	2,650.20
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	713.50	329.60	1,043.10	1,777.69	821.21	2,598.90
3	STANDARD PLAN - WAUKESHA	713.50	505.80	1,219.30	1,777.69	1,264.31	3,042.00
	STATE MAINTENANCE PLAN	713.50	97.30	810.80	1,777.69	242.41	2,020.10
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	860.16	51.64	911.80	2,142.62	128.08	2,270.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	860.16	182.94	1,043.10	2,142.62	456.28	2,598.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	860.16	182.94	1,043.10	2,142.62	456.28	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	860.16	359.14	1,219.30	2,142.62	899.38	3,042.00
POLK							
	HEALTHPARTNERS HEALTH PLAN	860.16	51.64	911.80	2,142.62	128.08	2,270.70
3	HUMANA - WESTERN	860.16	386.54	1,246.70	2,142.62	965.28	3,107.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	860.16	182.94	1,043.10	2,142.62	456.28	2,598.90
3	STANDARD PLAN - DANE	860.16	269.84	1,130.00	2,142.62	676.18	2,818.80
PORTAGE							
*	ARISE ASPIRUS	761.07	253.73	1,014.80	1,894.90	633.30	2,528.20
	HEALTHPARTNERS HEALTH PLAN	761.07	150.73	911.80	1,894.90	375.80	2,270.70
3	SECURITY HEALTH PLAN	761.07	302.53	1,063.60	1,894.90	755.30	2,650.20
	WEA TRUST - EAST	761.07	56.83	817.90	1,894.90	141.00	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	761.07	458.23	1,219.30	1,894.90	1,147.10	3,042.00
PRICE							
3	GHC OF EAU CLAIRE	713.50	314.30	1,027.80	1,777.69	783.01	2,560.70
*	HEALTHPARTNERS HEALTH PLAN	713.50	198.30	911.80	1,777.69	493.01	2,270.70
3 *	SECURITY HEALTH PLAN	713.50	350.10	1,063.60	1,777.69	872.51	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	713.50	505.80	1,219.30	1,777.69	1,264.31	3,042.00
	STATE MAINTENANCE PLAN	713.50	97.30	810.80	1,777.69	242.41	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	750.38	47.42	797.80	1,868.20	117.50	1,985.70
*	ARISE HEALTH PLAN	750.38	311.32	1,061.70	1,868.20	777.20	2,645.40
3	HUMANA - EASTERN	750.38	441.42	1,191.80	1,868.20	1,102.50	2,970.70
* ^	NETWORK HEALTH SOUTHEAST	750.38	61.02	811.40	1,868.20	151.50	2,019.70
	UNITEDHEALTHCARE OF WISCONSIN	750.38	157.22	907.60	1,868.20	392.00	2,260.20
3	STANDARD PLAN - WAUKESHA	750.38	468.92	1,219.30	1,868.20	1,173.80	3,042.00
RICHLAND							
	DEAN HEALTH INSURANCE	640.41	96.89	737.30	1,593.26	241.14	1,834.40
	GUNDERSEN HEALTH PLAN	640.41	163.89	804.30	1,593.26	408.64	2,001.90
	HEALTH TRADITION HEALTH PLAN	640.41	62.69	703.10	1,593.26	155.64	1,748.90
	PHYSICIANS PLUS	640.41	74.99	715.40	1,593.26	186.44	1,779.70
	UNITY HEALTH INSURANCE - COMMUNITY	640.41	38.19	678.60	1,593.26	94.44	1,687.70
3	STANDARD PLAN - BALANCE OF STATE	640.41	578.89	1,219.30	1,593.26	1,448.74	3,042.00
ROCK							
	ANTHEM BLUE PREFERRED SOUTHEAST	679.71	118.09	797.80	1,691.52	294.18	1,985.70
	DEAN HEALTH INSURANCE	679.71	57.59	737.30	1,691.52	142.88	1,834.40
3 *	HUMANA - EASTERN	679.71	512.09	1,191.80	1,691.52	1,279.18	2,970.70
	MERCYCARE HEALTH PLANS	679.71	15.49	695.20	1,691.52	37.68	1,729.20
*	PHYSICIANS PLUS	679.71	35.69	715.40	1,691.52	88.18	1,779.70
	UNITEDHEALTHCARE OF WISCONSIN	679.71	227.89	907.60	1,691.52	568.68	2,260.20
	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	WEA TRUST - EAST	679.71	138.19	817.90	1,691.52	344.38	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	679.71	539.59	1,219.30	1,691.52	1,350.48	3,042.00
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	911.80	-	911.80	2,270.70	-	2,270.70
3	SECURITY HEALTH PLAN	917.93	145.67	1,063.60	2,287.03	363.17	2,650.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	917.93	125.17	1,043.10	2,287.03	311.87	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	917.93	301.37	1,219.30	2,287.03	754.97	3,042.00
SAUK							
	DEAN HEALTH INSURANCE	630.17	107.13	737.30	1,567.65	266.75	1,834.40
	GHC OF SOUTH CENTRAL WISCONSIN	630.17	27.73	657.90	1,567.65	68.25	1,635.90
	GUNDERSEN HEALTH PLAN	630.17	174.13	804.30	1,567.65	434.25	2,001.90
	HEALTH TRADITION HEALTH PLAN	630.17	72.93	703.10	1,567.65	181.25	1,748.90
	PHYSICIANS PLUS	630.17	85.23	715.40	1,567.65	212.05	1,779.70
	UNITY HEALTH INSURANCE - COMMUNITY	630.17	48.43	678.60	1,567.65	120.05	1,687.70
3	STANDARD PLAN - BALANCE OF STATE	630.17	589.13	1,219.30	1,567.65	1,474.35	3,042.00
SAWYER							
3	GHC OF EAU CLAIRE	802.38	225.42	1,027.80	1,998.22	562.48	2,560.70
	HEALTHPARTNERS HEALTH PLAN	802.38	109.42	911.80	1,998.22	272.48	2,270.70
3	SECURITY HEALTH PLAN	802.38	261.22	1,063.60	1,998.22	651.98	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	802.38	416.92	1,219.30	1,998.22	1,043.78	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	749.99	311.71	1,061.70	1,867.20	778.20	2,645.40
3 *	HUMANA - EASTERN	749.99	441.81	1,191.80	1,867.20	1,103.50	2,970.70
	NETWORK HEALTH NORTHEAST	749.99	10.11	760.10	1,867.20	24.20	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	749.99	157.61	907.60	1,867.20	393.00	2,260.20
	WEA TRUST - EAST	749.99	67.91	817.90	1,867.20	168.70	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	749.99	469.31	1,219.30	1,867.20	1,174.80	3,042.00
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	729.59	332.11	1,061.70	1,816.22	829.18	2,645.40
	DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
3	HUMANA - EASTERN	729.59	462.21	1,191.80	1,816.22	1,154.48	2,970.70
	NETWORK HEALTH NORTHEAST	729.59	30.51	760.10	1,816.22	75.18	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	729.59	178.01	907.60	1,816.22	443.98	2,260.20
	WEA TRUST - EAST	729.59	88.31	817.90	1,816.22	219.68	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	729.59	489.71	1,219.30	1,816.22	1,225.78	3,042.00
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	860.16	51.64	911.80	2,142.62	128.08	2,270.70
3	HUMANA - WESTERN	860.16	386.54	1,246.70	2,142.62	965.28	3,107.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	860.16	182.94	1,043.10	2,142.62	456.28	2,598.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	860.16	182.94	1,043.10	2,142.62	456.28	2,598.90
3	STANDARD PLAN - DANE	860.16	269.84	1,130.00	2,142.62	676.18	2,818.80
TAYLOR							
	ARISE ASPIRUS	893.02	121.78	1,014.80	2,224.82	303.38	2,528.20
3	GHC OF EAU CLAIRE	893.02	134.78	1,027.80	2,224.82	335.88	2,560.70
*	HEALTHPARTNERS HEALTH PLAN	893.02	18.78	911.80	2,224.82	45.88	2,270.70
3	SECURITY HEALTH PLAN	893.02	170.58	1,063.60	2,224.82	425.38	2,650.20
3	STANDARD PLAN - BALANCE OF STATE	893.02	326.28	1,219.30	2,224.82	817.18	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	812.86	98.94	911.80	2,024.35	246.35	2,270.70
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	812.86	230.24	1,043.10	2,024.35	574.55	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	812.86	406.44	1,219.30	2,024.35	1,017.65	3,042.00
VERNON							
*	DEAN HEALTH INSURANCE	681.52	55.78	737.30	1,696.02	138.38	1,834.40
	GUNDERSEN HEALTH PLAN	681.52	122.78	804.30	1,696.02	305.88	2,001.90
	HEALTH TRADITION HEALTH PLAN	681.52	21.58	703.10	1,696.02	52.88	1,748.90
	HEALTHPARTNERS HEALTH PLAN	681.52	230.28	911.80	1,696.02	574.68	2,270.70
*	PHYSICIANS PLUS	681.52	33.88	715.40	1,696.02	83.68	1,779.70
	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
3	STANDARD PLAN - BALANCE OF STATE	681.52	537.78	1,219.30	1,696.02	1,345.98	3,042.00

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Traditional; No Dental - P12

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	713.50	301.30	1,014.80	1,777.69	750.51	2,528.20
3 *	GHC OF EAU CLAIRE	713.50	314.30	1,027.80	1,777.69	783.01	2,560.70
*	HEALTHPARTNERS HEALTH PLAN	713.50	198.30	911.80	1,777.69	493.01	2,270.70
3 *	SECURITY HEALTH PLAN	713.50	350.10	1,063.60	1,777.69	872.51	2,650.20
3 *	STANDARD PLAN - BALANCE OF STATE	713.50	505.80	1,219.30	1,777.69	1,264.31	3,042.00
	STATE MAINTENANCE PLAN	713.50	97.30	810.80	1,777.69	242.41	2,020.10
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	727.29	70.51	797.80	1,810.47	175.23	1,985.70
	ARISE HEALTH PLAN	727.29	334.41	1,061.70	1,810.47	834.93	2,645.40
*	DEAN HEALTH INSURANCE	727.29	10.01	737.30	1,810.47	23.93	1,834.40
3	HUMANA - EASTERN	727.29	464.51	1,191.80	1,810.47	1,160.23	2,970.70
	MERCYCARE HEALTH PLANS	695.20	-	695.20	1,729.20	-	1,729.20
*	PHYSICIANS PLUS	715.40	-	715.40	1,779.70	-	1,779.70
	UNITEDHEALTHCARE OF WISCONSIN	727.29	180.31	907.60	1,810.47	449.73	2,260.20
	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	WEA TRUST - EAST	727.29	90.61	817.90	1,810.47	225.43	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	727.29	492.01	1,219.30	1,810.47	1,231.53	3,042.00
WASHBURN							
3	GHC OF EAU CLAIRE	860.16	167.64	1,027.80	2,142.62	418.08	2,560.70
	HEALTHPARTNERS HEALTH PLAN	860.16	51.64	911.80	2,142.62	128.08	2,270.70
3	SECURITY HEALTH PLAN	860.16	203.44	1,063.60	2,142.62	507.58	2,650.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	860.16	182.94	1,043.10	2,142.62	456.28	2,598.90
3	STANDARD PLAN - BALANCE OF STATE	860.16	359.14	1,219.30	2,142.62	899.38	3,042.00
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	788.70	9.10	797.80	1,963.98	21.72	1,985.70
	ARISE HEALTH PLAN	788.70	273.00	1,061.70	1,963.98	681.42	2,645.40
3	HUMANA - EASTERN	788.70	403.10	1,191.80	1,963.98	1,006.72	2,970.70
* ^	NETWORK HEALTH SOUTHEAST	788.70	22.70	811.40	1,963.98	55.72	2,019.70
	UNITEDHEALTHCARE OF WISCONSIN	788.70	118.90	907.60	1,963.98	296.22	2,260.20
	WEA TRUST - EAST	788.70	29.20	817.90	1,963.98	71.92	2,035.90
3	STANDARD PLAN - WAUKESHA	788.70	430.60	1,219.30	1,963.98	1,078.02	3,042.00
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	733.47	64.33	797.80	1,825.90	159.80	1,985.70
	ARISE HEALTH PLAN	733.47	328.23	1,061.70	1,825.90	819.50	2,645.40
	DEAN HEALTH INSURANCE	733.47	3.83	737.30	1,825.90	8.50	1,834.40
3	HUMANA - EASTERN	733.47	458.33	1,191.80	1,825.90	1,144.80	2,970.70
* ^	NETWORK HEALTH SOUTHEAST	733.47	77.93	811.40	1,825.90	193.80	2,019.70
*	PHYSICIANS PLUS	715.40	-	715.40	1,779.70	-	1,779.70
	UNITEDHEALTHCARE OF WISCONSIN	733.47	174.13	907.60	1,825.90	434.30	2,260.20
	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	WEA TRUST - EAST	733.47	84.43	817.90	1,825.90	210.00	2,035.90
3	STANDARD PLAN - WAUKESHA	733.47	485.83	1,219.30	1,825.90	1,216.10	3,042.00

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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
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	749.99	311.71	1,061.70	1,867.20	778.20	2,645.40
3	HUMANA - EASTERN	749.99	441.81	1,191.80	1,867.20	1,103.50	2,970.70
	NETWORK HEALTH NORTHEAST	749.99	10.11	760.10	1,867.20	24.20	1,891.40
3	SECURITY HEALTH PLAN	749.99	313.61	1,063.60	1,867.20	783.00	2,650.20
	UNITEDHEALTHCARE OF WISCONSIN	749.99	157.61	907.60	1,867.20	393.00	2,260.20
	WEA TRUST - EAST	749.99	67.91	817.90	1,867.20	168.70	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	749.99	469.31	1,219.30	1,867.20	1,174.80	3,042.00
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	689.04	24.96	714.00	1,714.84	61.36	1,776.20
*	ARISE HEALTH PLAN	689.04	372.66	1,061.70	1,714.84	930.56	2,645.40
3	HUMANA - EASTERN	689.04	502.76	1,191.80	1,714.84	1,255.86	2,970.70
	NETWORK HEALTH NORTHEAST	689.04	71.06	760.10	1,714.84	176.56	1,891.40
	PHYSICIANS PLUS	689.04	26.36	715.40	1,714.84	64.86	1,779.70
3	SECURITY HEALTH PLAN	689.04	374.56	1,063.60	1,714.84	935.36	2,650.20
	UNITEDHEALTHCARE OF WISCONSIN	689.04	218.56	907.60	1,714.84	545.36	2,260.20
	WEA TRUST - EAST	689.04	128.86	817.90	1,714.84	321.06	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	689.04	530.26	1,219.30	1,714.84	1,327.16	3,042.00
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
	ARISE HEALTH PLAN	749.99	311.71	1,061.70	1,867.20	778.20	2,645.40
3	HUMANA - EASTERN	749.99	441.81	1,191.80	1,867.20	1,103.50	2,970.70
	NETWORK HEALTH NORTHEAST	749.99	10.11	760.10	1,867.20	24.20	1,891.40
	UNITEDHEALTHCARE OF WISCONSIN	749.99	157.61	907.60	1,867.20	393.00	2,260.20
	WEA TRUST - EAST	749.99	67.91	817.90	1,867.20	168.70	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	749.99	469.31	1,219.30	1,867.20	1,174.80	3,042.00
WOOD							
	ARISE ASPIRUS	806.39	208.41	1,014.80	2,008.20	520.00	2,528.20
*	HEALTHPARTNERS HEALTH PLAN	806.39	105.41	911.80	2,008.20	262.50	2,270.70
*	PHYSICIANS PLUS	715.40	-	715.40	1,779.70	-	1,779.70
3	SECURITY HEALTH PLAN	806.39	257.21	1,063.60	2,008.20	642.00	2,650.20
*	UNITY HEALTH INSURANCE - COMMUNITY	678.60	-	678.60	1,687.70	-	1,687.70
	WEA TRUST - EAST	806.39	11.51	817.90	2,008.20	27.70	2,035.90
3	STANDARD PLAN - BALANCE OF STATE	806.39	412.91	1,219.30	2,008.20	1,033.80	3,042.00