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 Deductible; No Dental - P14

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	664.65	22.35	687.00	1,652.39	56.31	1,708.70
	PHYSICIANS PLUS	664.65	2.25	666.90	1,652.39	6.01	1,658.40
3	SECURITY HEALTH PLAN	664.65	322.55	987.20	1,652.39	806.81	2,459.20
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	WEA TRUST - EAST	664.65	96.55	761.20	1,652.39	241.81	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	664.65	487.35	1,152.00	1,652.39	1,221.41	2,873.80
ASHLAND							
3	GHC OF EAU CLAIRE	889.98	64.32	954.30	2,215.71	161.19	2,376.90
	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
3	SECURITY HEALTH PLAN	889.98	97.22	987.20	2,215.71	243.49	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	889.98	78.42	968.40	2,215.71	196.49	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	889.98	262.02	1,152.00	2,215.71	658.09	2,873.80
BARRON							
	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
3	HUMANA - WESTERN	889.98	265.72	1,155.70	2,215.71	664.69	2,880.40
3	SECURITY HEALTH PLAN	889.98	97.22	987.20	2,215.71	243.49	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	889.98	78.42	968.40	2,215.71	196.49	2,412.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	889.98	78.42	968.40	2,215.71	196.49	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	889.98	262.02	1,152.00	2,215.71	658.09	2,873.80
BAYFIELD							
3 *	GHC OF EAU CLAIRE	804.51	149.79	954.30	2,004.03	372.87	2,376.90
3 *	SECURITY HEALTH PLAN	804.51	182.69	987.20	2,004.03	455.17	2,459.20
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	804.51	163.89	968.40	2,004.03	408.17	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	804.51	347.49	1,152.00	2,004.03	869.77	2,873.80
	STATE MAINTENANCE PLAN	766.20	-	766.20	1,908.60	-	1,908.60
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	698.15	287.35	985.50	1,736.07	718.83	2,454.90
	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
3	HUMANA - EASTERN	698.15	407.05	1,105.20	1,736.07	1,018.13	2,754.20
	NETWORK HEALTH NORTHEAST	698.15	9.85	708.00	1,736.07	25.13	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	698.15	145.55	843.70	1,736.07	364.33	2,100.40
	WEA TRUST - EAST	698.15	63.05	761.20	1,736.07	158.13	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	698.15	453.85	1,152.00	1,736.07	1,137.73	2,873.80
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	655.60	-	655.60	1,630.20	-	1,630.20
3	STANDARD PLAN - BALANCE OF STATE	804.51	347.49	1,152.00	2,004.03	869.77	2,873.80
	STATE MAINTENANCE PLAN	766.20	-	766.20	1,908.60	-	1,908.60
BURNETT							
3	GHC OF EAU CLAIRE	889.98	64.32	954.30	2,215.71	161.19	2,376.90
	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
3	SECURITY HEALTH PLAN	889.98	97.22	987.20	2,215.71	243.49	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	889.98	262.02	1,152.00	2,215.71	658.09	2,873.80

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 Deductible; No Dental - P14

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	665.60	-	665.60	1,655.20	-	1,655.20
	*	ARISE HEALTH PLAN	698.88	286.62	985.50	1,737.96	716.94	2,454.90
	3 *	HUMANA - EASTERN	698.88	406.32	1,105.20	1,737.96	1,016.24	2,754.20
		NETWORK HEALTH NORTHEAST	698.88	9.12	708.00	1,737.96	23.24	1,761.20
		UNITEDHEALTHCARE OF WISCONSIN	698.88	144.82	843.70	1,737.96	362.44	2,100.40
	*	WEA TRUST - EAST	698.88	62.32	761.20	1,737.96	156.24	1,894.20
	3	STANDARD PLAN - BALANCE OF STATE	698.88	453.12	1,152.00	1,737.96	1,135.84	2,873.80
CHIPPEWA								
		GUNDERSEN HEALTH PLAN	748.70	-	748.70	1,862.90	-	1,862.90
		HEALTHPARTNERS HEALTH PLAN	786.14	61.46	847.60	1,956.05	154.15	2,110.20
	3	HUMANA - WESTERN	786.14	369.56	1,155.70	1,956.05	924.35	2,880.40
	3	SECURITY HEALTH PLAN	786.14	201.06	987.20	1,956.05	503.15	2,459.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	786.14	182.26	968.40	1,956.05	456.15	2,412.20
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	786.14	182.26	968.40	1,956.05	456.15	2,412.20
	3	STANDARD PLAN - BALANCE OF STATE	786.14	365.86	1,152.00	1,956.05	917.75	2,873.80
CLARK								
	*	ARISE ASPIRUS	786.14	156.16	942.30	1,956.05	390.85	2,346.90
	3	GHC OF EAU CLAIRE	786.14	168.16	954.30	1,956.05	420.85	2,376.90
		GUNDERSEN HEALTH PLAN	748.70	-	748.70	1,862.90	-	1,862.90
		HEALTHPARTNERS HEALTH PLAN	786.14	61.46	847.60	1,956.05	154.15	2,110.20
	3	SECURITY HEALTH PLAN	786.14	201.06	987.20	1,956.05	503.15	2,459.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	786.14	182.26	968.40	1,956.05	456.15	2,412.20
	3	STANDARD PLAN - BALANCE OF STATE	786.14	365.86	1,152.00	1,956.05	917.75	2,873.80
COLUMBIA								
		DEAN HEALTH INSURANCE	644.70	42.30	687.00	1,602.51	106.19	1,708.70
		GHC OF SOUTH CENTRAL WISCONSIN	614.00	-	614.00	1,526.20	-	1,526.20
		PHYSICIANS PLUS	644.70	22.20	666.90	1,602.51	55.89	1,658.40
		UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
		WEA TRUST - EAST	644.70	116.50	761.20	1,602.51	291.69	1,894.20
	3	STANDARD PLAN - BALANCE OF STATE	644.70	507.30	1,152.00	1,602.51	1,271.29	2,873.80
CRAWFORD								
		GUNDERSEN HEALTH PLAN	648.90	99.80	748.70	1,613.01	249.89	1,862.90
		HEALTH TRADITION HEALTH PLAN	648.90	6.70	655.60	1,613.01	17.19	1,630.20
		HEALTHPARTNERS HEALTH PLAN	648.90	198.70	847.60	1,613.01	497.19	2,110.20
		MEDICAL ASSOCIATES HEALTH PLANS	618.00	-	618.00	1,536.20	-	1,536.20
	*	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	648.90	319.50	968.40	1,613.01	799.19	2,412.20
	3	STANDARD PLAN - BALANCE OF STATE	648.90	503.10	1,152.00	1,613.01	1,260.79	2,873.80
DANE								
		DEAN HEALTH INSURANCE	608.27	78.73	687.00	1,511.37	197.33	1,708.70
		GHC OF SOUTH CENTRAL WISCONSIN	608.27	5.73	614.00	1,511.37	14.83	1,526.20
		PHYSICIANS PLUS	608.27	58.63	666.90	1,511.37	147.03	1,658.40
		UNITY HEALTH INSURANCE - UW HEALTH	579.30	-	579.30	1,439.40	-	1,439.40
		WEA TRUST - SOUTH CENTRAL	582.30	-	582.30	1,446.90	-	1,446.90
	3	STANDARD PLAN - DANE	608.27	461.53	1,069.80	1,511.37	1,156.93	2,668.30

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 Deductible; No Dental - P14

105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
DODGE							
	ANTHEM BLUE PREFERRED SOUTHEAST	664.65	78.05	742.70	1,652.39	195.51	1,847.90
*	ARISE HEALTH PLAN	664.65	320.85	985.50	1,652.39	802.51	2,454.90
	DEAN HEALTH INSURANCE	664.65	22.35	687.00	1,652.39	56.31	1,708.70
3	HUMANA - EASTERN	664.65	440.55	1,105.20	1,652.39	1,101.81	2,754.20
	NETWORK HEALTH NORTHEAST	664.65	43.35	708.00	1,652.39	108.81	1,761.20
	PHYSICIANS PLUS	664.65	2.25	666.90	1,652.39	6.01	1,658.40
	UNITEDHEALTHCARE OF WISCONSIN	664.65	179.05	843.70	1,652.39	448.01	2,100.40
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	WEA TRUST - EAST	664.65	96.55	761.20	1,652.39	241.81	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	664.65	487.35	1,152.00	1,652.39	1,221.41	2,873.80
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	698.88	286.62	985.50	1,737.96	716.94	2,454.90
*	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
3	HUMANA - EASTERN	698.88	406.32	1,105.20	1,737.96	1,016.24	2,754.20
	NETWORK HEALTH NORTHEAST	698.88	9.12	708.00	1,737.96	23.24	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	698.88	144.82	843.70	1,737.96	362.44	2,100.40
	WEA TRUST - EAST	698.88	62.32	761.20	1,737.96	156.24	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	698.88	453.12	1,152.00	1,737.96	1,135.84	2,873.80
DOUGLAS							
3	GHC OF EAU CLAIRE	889.98	64.32	954.30	2,215.71	161.19	2,376.90
	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
3	SECURITY HEALTH PLAN	889.98	97.22	987.20	2,215.71	243.49	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	889.98	78.42	968.40	2,215.71	196.49	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	889.98	262.02	1,152.00	2,215.71	658.09	2,873.80
DUNN							
3	HUMANA - WESTERN	1,016.82	138.88	1,155.70	2,532.81	347.59	2,880.40
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	968.40	-	968.40	2,412.20	-	2,412.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	968.40	-	968.40	2,412.20	-	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	1,016.82	135.18	1,152.00	2,532.81	340.99	2,873.80
EAU CLAIRE							
	GUNDERSEN HEALTH PLAN	748.70	-	748.70	1,862.90	-	1,862.90
	HEALTHPARTNERS HEALTH PLAN	786.14	61.46	847.60	1,956.05	154.15	2,110.20
3	HUMANA - WESTERN	786.14	369.56	1,155.70	1,956.05	924.35	2,880.40
3	SECURITY HEALTH PLAN	786.14	201.06	987.20	1,956.05	503.15	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	786.14	182.26	968.40	1,956.05	456.15	2,412.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	786.14	182.26	968.40	1,956.05	456.15	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	786.14	365.86	1,152.00	1,956.05	917.75	2,873.80
FLORENCE							
*	ARISE ASPIRUS	804.51	137.79	942.30	2,004.03	342.87	2,346.90
3	STANDARD PLAN - BALANCE OF STATE	804.51	347.49	1,152.00	2,004.03	869.77	2,873.80
	STATE MAINTENANCE PLAN	766.20	-	766.20	1,908.60	-	1,908.60

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 Deductible; No Dental - P14

105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	664.65	0.95	665.60	1,652.39	2.81	1,655.20
	ARISE HEALTH PLAN	664.65	320.85	985.50	1,652.39	802.51	2,454.90
	DEAN HEALTH INSURANCE	664.65	22.35	687.00	1,652.39	56.31	1,708.70
3	HUMANA - EASTERN	664.65	440.55	1,105.20	1,652.39	1,101.81	2,754.20
	NETWORK HEALTH NORTHEAST	664.65	43.35	708.00	1,652.39	108.81	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	664.65	179.05	843.70	1,652.39	448.01	2,100.40
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
3	STANDARD PLAN - BALANCE OF STATE	664.65	487.35	1,152.00	1,652.39	1,221.41	2,873.80
FOREST							
*	ARISE ASPIRUS	804.51	137.79	942.30	2,004.03	342.87	2,346.90
3	SECURITY HEALTH PLAN	804.51	182.69	987.20	2,004.03	455.17	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	804.51	347.49	1,152.00	2,004.03	869.77	2,873.80
	STATE MAINTENANCE PLAN	766.20	-	766.20	1,908.60	-	1,908.60
GRANT							
	DEAN HEALTH INSURANCE	648.90	38.10	687.00	1,613.01	95.69	1,708.70
	GUNDERSEN HEALTH PLAN	648.90	99.80	748.70	1,613.01	249.89	1,862.90
*	HEALTH TRADITION HEALTH PLAN	648.90	6.70	655.60	1,613.01	17.19	1,630.20
*	HEALTHPARTNERS HEALTH PLAN	648.90	198.70	847.60	1,613.01	497.19	2,110.20
	MEDICAL ASSOCIATES HEALTH PLANS	618.00	-	618.00	1,536.20	-	1,536.20
	PHYSICIANS PLUS	648.90	18.00	666.90	1,613.01	45.39	1,658.40
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
3	STANDARD PLAN - DANE	648.90	420.90	1,069.80	1,613.01	1,055.29	2,668.30
GREEN							
	DEAN HEALTH INSURANCE	664.65	22.35	687.00	1,652.39	56.31	1,708.70
*	MERCYCARE HEALTH PLANS	648.30	-	648.30	1,611.90	-	1,611.90
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
3	STANDARD PLAN - BALANCE OF STATE	664.65	487.35	1,152.00	1,652.39	1,221.41	2,873.80
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
*	ARISE HEALTH PLAN	698.88	286.62	985.50	1,737.96	716.94	2,454.90
*	DEAN HEALTH INSURANCE	687.00	-	687.00	1,708.70	-	1,708.70
3	HUMANA - EASTERN	698.88	406.32	1,105.20	1,737.96	1,016.24	2,754.20
	NETWORK HEALTH NORTHEAST	698.88	9.12	708.00	1,737.96	23.24	1,761.20
*	PHYSICIANS PLUS	666.90	-	666.90	1,658.40	-	1,658.40
	UNITEDHEALTHCARE OF WISCONSIN	698.88	144.82	843.70	1,737.96	362.44	2,100.40
	WEA TRUST - EAST	698.88	62.32	761.20	1,737.96	156.24	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	698.88	453.12	1,152.00	1,737.96	1,135.84	2,873.80
IOWA							
	DEAN HEALTH INSURANCE	648.90	38.10	687.00	1,613.01	95.69	1,708.70
	MEDICAL ASSOCIATES HEALTH PLANS	618.00	-	618.00	1,536.20	-	1,536.20
	PHYSICIANS PLUS	648.90	18.00	666.90	1,613.01	45.39	1,658.40
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
3	STANDARD PLAN - BALANCE OF STATE	648.90	503.10	1,152.00	1,613.01	1,260.79	2,873.80

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 Deductible; No Dental - P14

105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
IRON							
3 *	GHC OF EAU CLAIRE	804.51	149.79	954.30	2,004.03	372.87	2,376.90
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	804.51	163.89	968.40	2,004.03	408.17	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	804.51	347.49	1,152.00	2,004.03	869.77	2,873.80
	STATE MAINTENANCE PLAN	766.20	-	766.20	1,908.60	-	1,908.60
JACKSON							
	GUNDERSEN HEALTH PLAN	688.38	60.32	748.70	1,711.71	151.19	1,862.90
	HEALTH TRADITION HEALTH PLAN	655.60	-	655.60	1,630.20	-	1,630.20
	HEALTHPARTNERS HEALTH PLAN	688.38	159.22	847.60	1,711.71	398.49	2,110.20
3	SECURITY HEALTH PLAN	688.38	298.82	987.20	1,711.71	747.49	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	688.38	280.02	968.40	1,711.71	700.49	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	688.38	463.62	1,152.00	1,711.71	1,162.09	2,873.80
JEFFERSON							
	ANTHEM BLUE PREFERRED SOUTHEAST	664.65	78.05	742.70	1,652.39	195.51	1,847.90
	DEAN HEALTH INSURANCE	664.65	22.35	687.00	1,652.39	56.31	1,708.70
3	HUMANA - EASTERN	664.65	440.55	1,105.20	1,652.39	1,101.81	2,754.20
	MERCYCARE HEALTH PLANS	648.30	-	648.30	1,611.90	-	1,611.90
	PHYSICIANS PLUS	664.65	2.25	666.90	1,652.39	6.01	1,658.40
	UNITEDHEALTHCARE OF WISCONSIN	664.65	179.05	843.70	1,652.39	448.01	2,100.40
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
3	STANDARD PLAN - DANE	664.65	405.15	1,069.80	1,652.39	1,015.91	2,668.30
JUNEAU							
*	ARISE ASPIRUS	664.65	277.65	942.30	1,652.39	694.51	2,346.90
*	DEAN HEALTH INSURANCE	664.65	22.35	687.00	1,652.39	56.31	1,708.70
	GUNDERSEN HEALTH PLAN	664.65	84.05	748.70	1,652.39	210.51	1,862.90
	HEALTH TRADITION HEALTH PLAN	655.60	-	655.60	1,630.20	-	1,630.20
	PHYSICIANS PLUS	664.65	2.25	666.90	1,652.39	6.01	1,658.40
	SECURITY HEALTH PLAN	664.65	322.55	987.20	1,652.39	806.81	2,459.20
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	WEA TRUST - EAST	664.65	96.55	761.20	1,652.39	241.81	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	664.65	487.35	1,152.00	1,652.39	1,221.41	2,873.80
KENOSHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	742.70	-	742.70	1,847.90	-	1,847.90
	ARISE HEALTH PLAN	779.84	205.66	985.50	1,940.30	514.60	2,454.90
3	HUMANA - EASTERN	779.84	325.36	1,105.20	1,940.30	813.90	2,754.20
	UNITEDHEALTHCARE OF WISCONSIN	779.84	63.86	843.70	1,940.30	160.10	2,100.40
3	STANDARD PLAN - WAUKESHA	779.84	372.16	1,152.00	1,940.30	933.50	2,873.80
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	698.88	286.62	985.50	1,737.96	716.94	2,454.90
*	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
	NETWORK HEALTH NORTHEAST	698.88	9.12	708.00	1,737.96	23.24	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	698.88	144.82	843.70	1,737.96	362.44	2,100.40
	WEA TRUST - EAST	698.88	62.32	761.20	1,737.96	156.24	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	698.88	453.12	1,152.00	1,737.96	1,135.84	2,873.80

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 Deductible; No Dental - P14

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	688.38	60.32	748.70	1,711.71	151.19	1,862.90
	HEALTH TRADITION HEALTH PLAN	655.60	-	655.60	1,630.20	-	1,630.20
	HEALTHPARTNERS HEALTH PLAN	688.38	159.22	847.60	1,711.71	398.49	2,110.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	688.38	280.02	968.40	1,711.71	700.49	2,412.20
3	STANDARD PLAN - DANE	688.38	381.42	1,069.80	1,711.71	956.59	2,668.30
LAFAYETTE							
*	DEAN HEALTH INSURANCE	648.90	38.10	687.00	1,613.01	95.69	1,708.70
	MEDICAL ASSOCIATES HEALTH PLANS	618.00	-	618.00	1,536.20	-	1,536.20
	PHYSICIANS PLUS	648.90	18.00	666.90	1,613.01	45.39	1,658.40
*	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
3	STANDARD PLAN - BALANCE OF STATE	648.90	503.10	1,152.00	1,613.01	1,260.79	2,873.80
LANGLADE							
	ARISE ASPIRUS	942.30	-	942.30	2,346.90	-	2,346.90
3	GHC OF EAU CLAIRE	954.30	-	954.30	2,376.90	-	2,376.90
*	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
3	SECURITY HEALTH PLAN	987.20	-	987.20	2,459.20	-	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	989.42	162.58	1,152.00	2,464.25	409.55	2,873.80
LINCOLN							
*	ARISE ASPIRUS	889.98	52.32	942.30	2,215.71	131.19	2,346.90
3	GHC OF EAU CLAIRE	889.98	64.32	954.30	2,215.71	161.19	2,376.90
	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
3	SECURITY HEALTH PLAN	889.98	97.22	987.20	2,215.71	243.49	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	889.98	262.02	1,152.00	2,215.71	658.09	2,873.80
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	698.15	287.35	985.50	1,736.07	718.83	2,454.90
	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
3	HUMANA - EASTERN	698.15	407.05	1,105.20	1,736.07	1,018.13	2,754.20
	NETWORK HEALTH NORTHEAST	698.15	9.85	708.00	1,736.07	25.13	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	698.15	145.55	843.70	1,736.07	364.33	2,100.40
	WEA TRUST - EAST	698.15	63.05	761.20	1,736.07	158.13	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	698.15	453.85	1,152.00	1,736.07	1,137.73	2,873.80
MARATHON							
	ARISE ASPIRUS	799.26	143.04	942.30	1,988.91	357.99	2,346.90
3	GHC OF EAU CLAIRE	799.26	155.04	954.30	1,988.91	387.99	2,376.90
	HEALTHPARTNERS HEALTH PLAN	799.26	48.34	847.60	1,988.91	121.29	2,110.20
3	SECURITY HEALTH PLAN	799.26	187.94	987.20	1,988.91	470.29	2,459.20
	WEA TRUST - EAST	761.20	-	761.20	1,894.20	-	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	799.26	352.74	1,152.00	1,988.91	884.89	2,873.80
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	698.88	286.62	985.50	1,737.96	716.94	2,454.90
*	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
3	HUMANA - EASTERN	698.88	406.32	1,105.20	1,737.96	1,016.24	2,754.20
	UNITEDHEALTHCARE OF WISCONSIN	698.88	144.82	843.70	1,737.96	362.44	2,100.40
3	STANDARD PLAN - BALANCE OF STATE	698.88	453.12	1,152.00	1,737.96	1,135.84	2,873.80

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 Deductible; No Dental - P14

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	687.00	-	687.00	1,708.70	-	1,708.70
*	NETWORK HEALTH NORTHEAST	700.25	7.75	708.00	1,741.32	19.88	1,761.20
	PHYSICIANS PLUS	666.90	-	666.90	1,658.40	-	1,658.40
*	UNITEDHEALTHCARE OF WISCONSIN	700.25	143.45	843.70	1,741.32	359.08	2,100.40
*	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	WEA TRUST - EAST	700.25	60.95	761.20	1,741.32	152.88	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	700.25	451.75	1,152.00	1,741.32	1,132.48	2,873.80
MENOMINEE							
*	WEA TRUST - EAST	761.20	-	761.20	1,894.20	-	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	804.51	347.49	1,152.00	2,004.03	869.77	2,873.80
	STATE MAINTENANCE PLAN	766.20	-	766.20	1,908.60	-	1,908.60
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	742.70	-	742.70	1,847.90	-	1,847.90
	ARISE HEALTH PLAN	779.84	205.66	985.50	1,940.30	514.60	2,454.90
3	HUMANA - EASTERN	779.84	325.36	1,105.20	1,940.30	813.90	2,754.20
* ^	NETWORK HEALTH SOUTHEAST	755.20	-	755.20	1,879.20	-	1,879.20
	UNITEDHEALTHCARE OF WISCONSIN	779.84	63.86	843.70	1,940.30	160.10	2,100.40
	WEA TRUST - EAST	761.20	-	761.20	1,894.20	-	1,894.20
3	STANDARD PLAN - MILWAUKEE	779.84	464.46	1,244.30	1,940.30	1,164.20	3,104.50
MONROE							
	GUNDERSEN HEALTH PLAN	688.38	60.32	748.70	1,711.71	151.19	1,862.90
	HEALTH TRADITION HEALTH PLAN	655.60	-	655.60	1,630.20	-	1,630.20
	HEALTHPARTNERS HEALTH PLAN	688.38	159.22	847.60	1,711.71	398.49	2,110.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	688.38	280.02	968.40	1,711.71	700.49	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	688.38	463.62	1,152.00	1,711.71	1,162.09	2,873.80
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	698.15	287.35	985.50	1,736.07	718.83	2,454.90
	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
3	HUMANA - EASTERN	698.15	407.05	1,105.20	1,736.07	1,018.13	2,754.20
	NETWORK HEALTH NORTHEAST	698.15	9.85	708.00	1,736.07	25.13	1,761.20
*	UNITEDHEALTHCARE OF WISCONSIN	698.15	145.55	843.70	1,736.07	364.33	2,100.40
	WEA TRUST - EAST	698.15	63.05	761.20	1,736.07	158.13	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	698.15	453.85	1,152.00	1,736.07	1,137.73	2,873.80
ONEIDA							
*	ARISE ASPIRUS	889.98	52.32	942.30	2,215.71	131.19	2,346.90
3	GHC OF EAU CLAIRE	889.98	64.32	954.30	2,215.71	161.19	2,376.90
	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
3	SECURITY HEALTH PLAN	889.98	97.22	987.20	2,215.71	243.49	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	889.98	262.02	1,152.00	2,215.71	658.09	2,873.80

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 Deductible; No Dental - P14

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	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	698.88	286.62	985.50	1,737.96	716.94	2,454.90
*	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
3	HUMANA - EASTERN	698.88	406.32	1,105.20	1,737.96	1,016.24	2,754.20
	NETWORK HEALTH NORTHEAST	698.88	9.12	708.00	1,737.96	23.24	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	698.88	144.82	843.70	1,737.96	362.44	2,100.40
	WEA TRUST - EAST	698.88	62.32	761.20	1,737.96	156.24	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	698.88	453.12	1,152.00	1,737.96	1,135.84	2,873.80
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	742.70	-	742.70	1,847.90	-	1,847.90
	ARISE HEALTH PLAN	779.84	205.66	985.50	1,940.30	514.60	2,454.90
3	HUMANA - EASTERN	779.84	325.36	1,105.20	1,940.30	813.90	2,754.20
* ^	NETWORK HEALTH SOUTHEAST	755.20	-	755.20	1,879.20	-	1,879.20
	UNITEDHEALTHCARE OF WISCONSIN	779.84	63.86	843.70	1,940.30	160.10	2,100.40
	WEA TRUST - EAST	761.20	-	761.20	1,894.20	-	1,894.20
3	STANDARD PLAN - WAUKESHA	779.84	372.16	1,152.00	1,940.30	933.50	2,873.80
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	804.51	43.09	847.60	2,004.03	106.17	2,110.20
3	SECURITY HEALTH PLAN	804.51	182.69	987.20	2,004.03	455.17	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	804.51	163.89	968.40	2,004.03	408.17	2,412.20
3	STANDARD PLAN - WAUKESHA	804.51	347.49	1,152.00	2,004.03	869.77	2,873.80
	STATE MAINTENANCE PLAN	766.20	-	766.20	1,908.60	617.08	1,908.60
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	889.98	78.42	968.40	2,215.71	196.49	2,412.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	889.98	78.42	968.40	2,215.71	196.49	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	889.98	262.02	1,152.00	2,215.71	658.09	2,873.80
POLK							
	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
3	HUMANA - WESTERN	889.98	265.72	1,155.70	2,215.71	664.69	2,880.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	889.98	78.42	968.40	2,215.71	196.49	2,412.20
3	STANDARD PLAN - DANE	889.98	179.82	1,069.80	2,215.71	452.59	2,668.30
PORTAGE							
*	ARISE ASPIRUS	799.26	143.04	942.30	1,988.91	357.99	2,346.90
	HEALTHPARTNERS HEALTH PLAN	799.26	48.34	847.60	1,988.91	121.29	2,110.20
3	SECURITY HEALTH PLAN	799.26	187.94	987.20	1,988.91	470.29	2,459.20
	WEA TRUST - EAST	761.20	-	761.20	1,894.20	-	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	799.26	352.74	1,152.00	1,988.91	884.89	2,873.80
PRICE							
3	GHC OF EAU CLAIRE	804.51	149.79	954.30	2,004.03	372.87	2,376.90
*	HEALTHPARTNERS HEALTH PLAN	804.51	43.09	847.60	2,004.03	106.17	2,110.20
3	SECURITY HEALTH PLAN	804.51	182.69	987.20	2,004.03	455.17	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	804.51	347.49	1,152.00	2,004.03	869.77	2,873.80
	STATE MAINTENANCE PLAN	766.20	-	766.20	1,908.60	-	1,908.60

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 Deductible; No Dental - P14

105% of the Low Cost Qualified Plan (LCQP)

			Single Coverage			Family Coverage		
			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
RACINE								
		ANTHEM BLUE PREFERRED SOUTHEAST	742.70	-	742.70	1,847.90	-	1,847.90
	*	ARISE HEALTH PLAN	779.84	205.66	985.50	1,940.30	514.60	2,454.90
	3	HUMANA - EASTERN	779.84	325.36	1,105.20	1,940.30	813.90	2,754.20
	* ^	NETWORK HEALTH SOUTHEAST	755.20	-	755.20	1,879.20	-	1,879.20
		UNITEDHEALTHCARE OF WISCONSIN	779.84	63.86	843.70	1,940.30	160.10	2,100.40
	3	STANDARD PLAN - WAUKESHA	779.84	372.16	1,152.00	1,940.30	933.50	2,873.80
RICHLAND								
		DEAN HEALTH INSURANCE	664.65	22.35	687.00	1,652.39	56.31	1,708.70
		GUNDERSEN HEALTH PLAN	664.65	84.05	748.70	1,652.39	210.51	1,862.90
		HEALTH TRADITION HEALTH PLAN	655.60	-	655.60	1,630.20	-	1,630.20
		PHYSICIANS PLUS	664.65	2.25	666.90	1,652.39	6.01	1,658.40
		UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	3	STANDARD PLAN - BALANCE OF STATE	664.65	487.35	1,152.00	1,652.39	1,221.41	2,873.80
ROCK								
		ANTHEM BLUE PREFERRED SOUTHEAST	664.65	78.05	742.70	1,652.39	195.51	1,847.90
		DEAN HEALTH INSURANCE	664.65	22.35	687.00	1,652.39	56.31	1,708.70
	3 *	HUMANA - EASTERN	664.65	440.55	1,105.20	1,652.39	1,101.81	2,754.20
		MERCYCARE HEALTH PLANS	648.30	-	648.30	1,611.90	-	1,611.90
	*	PHYSICIANS PLUS	664.65	2.25	666.90	1,652.39	6.01	1,658.40
		UNITEDHEALTHCARE OF WISCONSIN	664.65	179.05	843.70	1,652.39	448.01	2,100.40
		UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
		WEA TRUST - EAST	664.65	96.55	761.20	1,652.39	241.81	1,894.20
	3	STANDARD PLAN - BALANCE OF STATE	664.65	487.35	1,152.00	1,652.39	1,221.41	2,873.80
RUSK								
	*	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
	3	SECURITY HEALTH PLAN	987.20	-	987.20	2,459.20	-	2,459.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	968.40	-	968.40	2,412.20	-	2,412.20
	3	STANDARD PLAN - BALANCE OF STATE	1,016.82	135.18	1,152.00	2,532.81	340.99	2,873.80
SAUK								
		DEAN HEALTH INSURANCE	664.65	22.35	687.00	1,652.39	56.31	1,708.70
	*	GHC OF SOUTH CENTRAL WISCONSIN	614.00	-	614.00	1,526.20	-	1,526.20
		GUNDERSEN HEALTH PLAN	664.65	84.05	748.70	1,652.39	210.51	1,862.90
	*	HEALTH TRADITION HEALTH PLAN	655.60	-	655.60	1,630.20	-	1,630.20
		PHYSICIANS PLUS	664.65	2.25	666.90	1,652.39	6.01	1,658.40
		UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	3	STANDARD PLAN - BALANCE OF STATE	664.65	487.35	1,152.00	1,652.39	1,221.41	2,873.80
SAWYER								
	3	GHC OF EAU CLAIRE	889.98	64.32	954.30	2,215.71	161.19	2,376.90
		HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
	3	SECURITY HEALTH PLAN	889.98	97.22	987.20	2,215.71	243.49	2,459.20
	3	STANDARD PLAN - BALANCE OF STATE	889.98	262.02	1,152.00	2,215.71	658.09	2,873.80

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 Deductible; No Dental - P14

105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	698.88	286.62	985.50	1,737.96	716.94	2,454.90
3 *	HUMANA - EASTERN	698.88	406.32	1,105.20	1,737.96	1,016.24	2,754.20
	NETWORK HEALTH NORTHEAST	698.88	9.12	708.00	1,737.96	23.24	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	698.88	144.82	843.70	1,737.96	362.44	2,100.40
	WEA TRUST - EAST	698.88	62.32	761.20	1,737.96	156.24	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	698.88	453.12	1,152.00	1,737.96	1,135.84	2,873.80
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	698.15	287.35	985.50	1,736.07	718.83	2,454.90
	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
3	HUMANA - EASTERN	698.15	407.05	1,105.20	1,736.07	1,018.13	2,754.20
	NETWORK HEALTH NORTHEAST	698.15	9.85	708.00	1,736.07	25.13	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	698.15	145.55	843.70	1,736.07	364.33	2,100.40
	WEA TRUST - EAST	698.15	63.05	761.20	1,736.07	158.13	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	698.15	453.85	1,152.00	1,736.07	1,137.73	2,873.80
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
3	HUMANA - WESTERN	889.98	265.72	1,155.70	2,215.71	664.69	2,880.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	889.98	78.42	968.40	2,215.71	196.49	2,412.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	889.98	78.42	968.40	2,215.71	196.49	2,412.20
3	STANDARD PLAN - DANE	889.98	179.82	1,069.80	2,215.71	452.59	2,668.30
TAYLOR							
	ARISE ASPIRUS	942.30	-	942.30	2,346.90	-	2,346.90
3	GHC OF EAU CLAIRE	954.30	-	954.30	2,376.90	-	2,376.90
*	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
3	SECURITY HEALTH PLAN	987.20	-	987.20	2,459.20	-	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	989.42	162.58	1,152.00	2,464.25	409.55	2,873.80
TREMPEALEAU							
	GUNDERSEN HEALTH PLAN	748.70	-	748.70	1,862.90	-	1,862.90
*	HEALTH TRADITION HEALTH PLAN	655.60	-	655.60	1,630.20	-	1,630.20
*	HEALTHPARTNERS HEALTH PLAN	786.14	61.46	847.60	1,956.05	154.15	2,110.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	786.14	182.26	968.40	1,956.05	456.15	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	786.14	365.86	1,152.00	1,956.05	917.75	2,873.80
VERNON							
*	DEAN HEALTH INSURANCE	664.65	22.35	687.00	1,652.39	56.31	1,708.70
	GUNDERSEN HEALTH PLAN	664.65	84.05	748.70	1,652.39	210.51	1,862.90
	HEALTH TRADITION HEALTH PLAN	655.60	-	655.60	1,630.20	-	1,630.20
	HEALTHPARTNERS HEALTH PLAN	664.65	182.95	847.60	1,652.39	457.81	2,110.20
*	PHYSICIANS PLUS	664.65	2.25	666.90	1,652.39	6.01	1,658.40
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
3	STANDARD PLAN - BALANCE OF STATE	664.65	487.35	1,152.00	1,652.39	1,221.41	2,873.80

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 Deductible; No Dental - P14

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	804.51	137.79	942.30	2,004.03	342.87	2,346.90
3	GHC OF EAU CLAIRE	804.51	149.79	954.30	2,004.03	372.87	2,376.90
*	HEALTHPARTNERS HEALTH PLAN	804.51	43.09	847.60	2,004.03	106.17	2,110.20
3	SECURITY HEALTH PLAN	804.51	182.69	987.20	2,004.03	455.17	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	804.51	347.49	1,152.00	2,004.03	869.77	2,873.80
	STATE MAINTENANCE PLAN	766.20	-	766.20	1,908.60	-	1,908.60
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	664.65	78.05	742.70	1,652.39	195.51	1,847.90
	ARISE HEALTH PLAN	664.65	320.85	985.50	1,652.39	802.51	2,454.90
*	DEAN HEALTH INSURANCE	664.65	22.35	687.00	1,652.39	56.31	1,708.70
3	HUMANA - EASTERN	664.65	440.55	1,105.20	1,652.39	1,101.81	2,754.20
	MERCYCARE HEALTH PLANS	648.30	-	648.30	1,611.90	-	1,611.90
*	PHYSICIANS PLUS	664.65	2.25	666.90	1,652.39	6.01	1,658.40
	UNITEDHEALTHCARE OF WISCONSIN	664.65	179.05	843.70	1,652.39	448.01	2,100.40
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	WEA TRUST - EAST	664.65	96.55	761.20	1,652.39	241.81	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	664.65	487.35	1,152.00	1,652.39	1,221.41	2,873.80
WASHBURN							
3	GHC OF EAU CLAIRE	889.98	64.32	954.30	2,215.71	161.19	2,376.90
	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
3	SECURITY HEALTH PLAN	889.98	97.22	987.20	2,215.71	243.49	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	889.98	78.42	968.40	2,215.71	196.49	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	889.98	262.02	1,152.00	2,215.71	658.09	2,873.80
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	742.70	-	742.70	1,847.90	-	1,847.90
	ARISE HEALTH PLAN	779.84	205.66	985.50	1,940.30	514.60	2,454.90
3	HUMANA - EASTERN	779.84	325.36	1,105.20	1,940.30	813.90	2,754.20
* ^	NETWORK HEALTH SOUTHEAST	755.20	-	755.20	1,879.20	-	1,879.20
	UNITEDHEALTHCARE OF WISCONSIN	779.84	63.86	843.70	1,940.30	160.10	2,100.40
	WEA TRUST - EAST	761.20	-	761.20	1,894.20	-	1,894.20
3	STANDARD PLAN - WAUKESHA	779.84	372.16	1,152.00	1,940.30	933.50	2,873.80
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	664.65	78.05	742.70	1,652.39	195.51	1,847.90
	ARISE HEALTH PLAN	664.65	320.85	985.50	1,652.39	802.51	2,454.90
	DEAN HEALTH INSURANCE	664.65	22.35	687.00	1,652.39	56.31	1,708.70
3	HUMANA - EASTERN	664.65	440.55	1,105.20	1,652.39	1,101.81	2,754.20
* ^	NETWORK HEALTH SOUTHEAST	664.65	90.55	755.20	1,652.39	226.81	1,879.20
*	PHYSICIANS PLUS	664.65	2.25	666.90	1,652.39	6.01	1,658.40
	UNITEDHEALTHCARE OF WISCONSIN	664.65	179.05	843.70	1,652.39	448.01	2,100.40
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	WEA TRUST - EAST	664.65	96.55	761.20	1,652.39	241.81	1,894.20
3	STANDARD PLAN - WAUKESHA	664.65	487.35	1,152.00	1,652.39	1,221.41	2,873.80

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 Deductible; No Dental - P14

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	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	698.88	286.62	985.50	1,737.96	716.94	2,454.90
3	HUMANA - EASTERN	698.88	406.32	1,105.20	1,737.96	1,016.24	2,754.20
	NETWORK HEALTH NORTHEAST	698.88	9.12	708.00	1,737.96	23.24	1,761.20
3	SECURITY HEALTH PLAN	698.88	288.32	987.20	1,737.96	721.24	2,459.20
	UNITEDHEALTHCARE OF WISCONSIN	698.88	144.82	843.70	1,737.96	362.44	2,100.40
	WEA TRUST - EAST	698.88	62.32	761.20	1,737.96	156.24	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	698.88	453.12	1,152.00	1,737.96	1,135.84	2,873.80
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
*	ARISE HEALTH PLAN	698.88	286.62	985.50	1,737.96	716.94	2,454.90
3	HUMANA - EASTERN	698.88	406.32	1,105.20	1,737.96	1,016.24	2,754.20
	NETWORK HEALTH NORTHEAST	698.88	9.12	708.00	1,737.96	23.24	1,761.20
	PHYSICIANS PLUS	666.90	-	666.90	1,658.40	-	1,658.40
3	SECURITY HEALTH PLAN	698.88	288.32	987.20	1,737.96	721.24	2,459.20
	UNITEDHEALTHCARE OF WISCONSIN	698.88	144.82	843.70	1,737.96	362.44	2,100.40
	WEA TRUST - EAST	698.88	62.32	761.20	1,737.96	156.24	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	698.88	453.12	1,152.00	1,737.96	1,135.84	2,873.80
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	698.88	286.62	985.50	1,737.96	716.94	2,454.90
3	HUMANA - EASTERN	698.88	406.32	1,105.20	1,737.96	1,016.24	2,754.20
	NETWORK HEALTH NORTHEAST	698.88	9.12	708.00	1,737.96	23.24	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	698.88	144.82	843.70	1,737.96	362.44	2,100.40
	WEA TRUST - EAST	698.88	62.32	761.20	1,737.96	156.24	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	698.88	453.12	1,152.00	1,737.96	1,135.84	2,873.80
WOOD							
	ARISE ASPIRUS	942.30	-	942.30	2,346.90	-	2,346.90
*	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
*	PHYSICIANS PLUS	666.90	-	666.90	1,658.40	-	1,658.40
3	SECURITY HEALTH PLAN	987.20	-	987.20	2,459.20	-	2,459.20
*	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
*	WEA TRUST - EAST	761.20	-	761.20	1,894.20	-	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	989.42	162.58	1,152.00	2,464.25	409.55	2,873.80