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 Deductible; No Dental - P14

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	604.58	82.42	687.00	1,503.70	205.00	1,708.70
	PHYSICIANS PLUS	604.58	62.32	666.90	1,503.70	154.70	1,658.40
3	SECURITY HEALTH PLAN	604.58	382.62	987.20	1,503.70	955.50	2,459.20
	UNITY HEALTH INSURANCE - COMMUNITY	604.58	28.42	633.00	1,503.70	70.00	1,573.70
	WEA TRUST - EAST	604.58	156.62	761.20	1,503.70	390.50	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	604.58	547.42	1,152.00	1,503.70	1,370.10	2,873.80
ASHLAND							
3	GHC OF EAU CLAIRE	799.04	155.26	954.30	1,989.86	387.04	2,376.90
	HEALTHPARTNERS HEALTH PLAN	799.04	48.56	847.60	1,989.86	120.34	2,110.20
3	SECURITY HEALTH PLAN	799.04	188.16	987.20	1,989.86	469.34	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	799.04	169.36	968.40	1,989.86	422.34	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	799.04	352.96	1,152.00	1,989.86	883.94	2,873.80
BARRON							
	HEALTHPARTNERS HEALTH PLAN	816.76	30.84	847.60	2,034.15	76.05	2,110.20
3	HUMANA - WESTERN	816.76	338.94	1,155.70	2,034.15	846.25	2,880.40
3	SECURITY HEALTH PLAN	816.76	170.44	987.20	2,034.15	425.05	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	816.76	151.64	968.40	2,034.15	378.05	2,412.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	816.76	151.64	968.40	2,034.15	378.05	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	816.76	335.24	1,152.00	2,034.15	839.65	2,873.80
BAYFIELD							
3 *	GHC OF EAU CLAIRE	674.26	280.04	954.30	1,679.57	697.33	2,376.90
3 *	SECURITY HEALTH PLAN	674.26	312.94	987.20	1,679.57	779.63	2,459.20
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	674.26	294.14	968.40	1,679.57	732.63	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	674.26	477.74	1,152.00	1,679.57	1,194.23	2,873.80
	STATE MAINTENANCE PLAN	674.26	91.94	766.20	1,679.57	229.03	1,908.60
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	678.91	306.59	985.50	1,689.50	765.40	2,454.90
	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
3	HUMANA - EASTERN	678.91	426.29	1,105.20	1,689.50	1,064.70	2,754.20
	NETWORK HEALTH NORTHEAST	678.91	29.09	708.00	1,689.50	71.70	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	678.91	164.79	843.70	1,689.50	410.90	2,100.40
	WEA TRUST - EAST	678.91	82.29	761.20	1,689.50	204.70	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	678.91	473.09	1,152.00	1,689.50	1,184.30	2,873.80
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	655.60	-	655.60	1,630.20	-	1,630.20
3	STANDARD PLAN - BALANCE OF STATE	674.26	477.74	1,152.00	1,679.57	1,194.23	2,873.80
	STATE MAINTENANCE PLAN	674.26	91.94	766.20	1,679.57	229.03	1,908.60
BURNETT							
3	GHC OF EAU CLAIRE	745.89	208.41	954.30	1,856.98	519.92	2,376.90
	HEALTHPARTNERS HEALTH PLAN	745.89	101.71	847.60	1,856.98	253.22	2,110.20
3	SECURITY HEALTH PLAN	745.89	241.31	987.20	1,856.98	602.22	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	745.89	406.11	1,152.00	1,856.98	1,016.82	2,873.80

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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
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	650.41	15.19	665.60	1,618.26	36.94	1,655.20
*	ARISE HEALTH PLAN	650.41	335.09	985.50	1,618.26	836.64	2,454.90
3 *	HUMANA - EASTERN	650.41	454.79	1,105.20	1,618.26	1,135.94	2,754.20
	NETWORK HEALTH NORTHEAST	650.41	57.59	708.00	1,618.26	142.94	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	650.41	193.29	843.70	1,618.26	482.14	2,100.40
*	WEA TRUST - EAST	650.41	110.79	761.20	1,618.26	275.94	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	650.41	501.59	1,152.00	1,618.26	1,255.54	2,873.80
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	748.70	-	748.70	1,862.90	-	1,862.90
	HEALTHPARTNERS HEALTH PLAN	777.28	70.32	847.60	1,935.45	174.75	2,110.20
3	HUMANA - WESTERN	777.28	378.42	1,155.70	1,935.45	944.95	2,880.40
3	SECURITY HEALTH PLAN	777.28	209.92	987.20	1,935.45	523.75	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	777.28	191.12	968.40	1,935.45	476.75	2,412.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	777.28	191.12	968.40	1,935.45	476.75	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	777.28	374.72	1,152.00	1,935.45	938.35	2,873.80
CLARK							
*	ARISE ASPIRUS	752.31	189.99	942.30	1,873.02	473.88	2,346.90
3	GHC OF EAU CLAIRE	752.31	201.99	954.30	1,873.02	503.88	2,376.90
	GUNDERSEN HEALTH PLAN	748.70	-	748.70	1,862.90	-	1,862.90
	HEALTHPARTNERS HEALTH PLAN	752.31	95.29	847.60	1,873.02	237.18	2,110.20
3	SECURITY HEALTH PLAN	752.31	234.89	987.20	1,873.02	586.18	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	752.31	216.09	968.40	1,873.02	539.18	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	752.31	399.69	1,152.00	1,873.02	1,000.78	2,873.80
COLUMBIA							
	DEAN HEALTH INSURANCE	591.73	95.27	687.00	1,471.57	237.13	1,708.70
	GHC OF SOUTH CENTRAL WISCONSIN	591.73	22.27	614.00	1,471.57	54.63	1,526.20
	PHYSICIANS PLUS	591.73	75.17	666.90	1,471.57	186.83	1,658.40
	UNITY HEALTH INSURANCE - COMMUNITY	591.73	41.27	633.00	1,471.57	102.13	1,573.70
	WEA TRUST - EAST	591.73	169.47	761.20	1,471.57	422.63	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	591.73	560.27	1,152.00	1,471.57	1,402.23	2,873.80
CRAWFORD							
	GUNDERSEN HEALTH PLAN	631.38	117.32	748.70	1,570.69	292.21	1,862.90
	HEALTH TRADITION HEALTH PLAN	631.38	24.22	655.60	1,570.69	59.51	1,630.20
	HEALTHPARTNERS HEALTH PLAN	631.38	216.22	847.60	1,570.69	539.51	2,110.20
	MEDICAL ASSOCIATES HEALTH PLANS	618.00	-	618.00	1,536.20	-	1,536.20
*	UNITY HEALTH INSURANCE - COMMUNITY	631.38	1.62	633.00	1,570.69	3.01	1,573.70
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	631.38	337.02	968.40	1,570.69	841.51	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	631.38	520.62	1,152.00	1,570.69	1,303.11	2,873.80
DANE							
	DEAN HEALTH INSURANCE	550.79	136.21	687.00	1,369.21	339.49	1,708.70
	GHC OF SOUTH CENTRAL WISCONSIN	550.79	63.21	614.00	1,369.21	156.99	1,526.20
	PHYSICIANS PLUS	550.79	116.11	666.90	1,369.21	289.19	1,658.40
	UNITY HEALTH INSURANCE - UW HEALTH	550.79	28.51	579.30	1,369.21	70.19	1,439.40
	WEA TRUST - SOUTH CENTRAL	550.79	31.51	582.30	1,369.21	77.69	1,446.90
3	STANDARD PLAN - DANE	550.79	519.01	1,069.80	1,369.21	1,299.09	2,668.30

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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	633.91	108.79	742.70	1,577.02	270.88	1,847.90
	*	ARISE HEALTH PLAN	633.91	351.59	985.50	1,577.02	877.88	2,454.90
		DEAN HEALTH INSURANCE	633.91	53.09	687.00	1,577.02	131.68	1,708.70
	3	HUMANA - EASTERN	633.91	471.29	1,105.20	1,577.02	1,177.18	2,754.20
		NETWORK HEALTH NORTHEAST	633.91	74.09	708.00	1,577.02	184.18	1,761.20
		PHYSICIANS PLUS	633.91	32.99	666.90	1,577.02	81.38	1,658.40
		UNITEDHEALTHCARE OF WISCONSIN	633.91	209.79	843.70	1,577.02	523.38	2,100.40
		UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
		WEA TRUST - EAST	633.91	127.29	761.20	1,577.02	317.18	1,894.20
	3	STANDARD PLAN - BALANCE OF STATE	633.91	518.09	1,152.00	1,577.02	1,296.78	2,873.80
DOOR								
		ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
		ARISE HEALTH PLAN	697.66	287.84	985.50	1,736.40	718.50	2,454.90
	*	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
	3 *	HUMANA - EASTERN	697.66	407.54	1,105.20	1,736.40	1,017.80	2,754.20
		NETWORK HEALTH NORTHEAST	697.66	10.34	708.00	1,736.40	24.80	1,761.20
		UNITEDHEALTHCARE OF WISCONSIN	697.66	146.04	843.70	1,736.40	364.00	2,100.40
		WEA TRUST - EAST	697.66	63.54	761.20	1,736.40	157.80	1,894.20
	3	STANDARD PLAN - BALANCE OF STATE	697.66	454.34	1,152.00	1,736.40	1,137.40	2,873.80
DOUGLAS								
	3	GHC OF EAU CLAIRE	799.04	155.26	954.30	1,989.86	387.04	2,376.90
		HEALTHPARTNERS HEALTH PLAN	799.04	48.56	847.60	1,989.86	120.34	2,110.20
	3	SECURITY HEALTH PLAN	799.04	188.16	987.20	1,989.86	469.34	2,459.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	799.04	169.36	968.40	1,989.86	422.34	2,412.20
	3	STANDARD PLAN - BALANCE OF STATE	799.04	352.96	1,152.00	1,989.86	883.94	2,873.80
DUNN								
	3	HUMANA - WESTERN	852.19	303.51	1,155.70	2,122.74	757.66	2,880.40
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	852.19	116.21	968.40	2,122.74	289.46	2,412.20
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	852.19	116.21	968.40	2,122.74	289.46	2,412.20
	3	STANDARD PLAN - BALANCE OF STATE	852.19	299.81	1,152.00	2,122.74	751.06	2,873.80
EAU CLAIRE								
		GUNDERSEN HEALTH PLAN	748.70	-	748.70	1,862.90	-	1,862.90
		HEALTHPARTNERS HEALTH PLAN	777.28	70.32	847.60	1,935.45	174.75	2,110.20
	3	HUMANA - WESTERN	777.28	378.42	1,155.70	1,935.45	944.95	2,880.40
	3	SECURITY HEALTH PLAN	777.28	209.92	987.20	1,935.45	523.75	2,459.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	777.28	191.12	968.40	1,935.45	476.75	2,412.20
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	777.28	191.12	968.40	1,935.45	476.75	2,412.20
	3	STANDARD PLAN - BALANCE OF STATE	777.28	374.72	1,152.00	1,935.45	938.35	2,873.80
FLORENCE								
	*	ARISE ASPIRUS	674.26	268.04	942.30	1,679.57	667.33	2,346.90
	3	STANDARD PLAN - BALANCE OF STATE	674.26	477.74	1,152.00	1,679.57	1,194.23	2,873.80
		STATE MAINTENANCE PLAN	674.26	91.94	766.20	1,679.57	229.03	1,908.60

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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	663.34	2.26	665.60	1,650.60	4.60	1,655.20
	ARISE HEALTH PLAN	663.34	322.16	985.50	1,650.60	804.30	2,454.90
	DEAN HEALTH INSURANCE	663.34	23.66	687.00	1,650.60	58.10	1,708.70
3	HUMANA - EASTERN	663.34	441.86	1,105.20	1,650.60	1,103.60	2,754.20
	NETWORK HEALTH NORTHEAST	663.34	44.66	708.00	1,650.60	110.60	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	663.34	180.36	843.70	1,650.60	449.80	2,100.40
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
3	STANDARD PLAN - BALANCE OF STATE	663.34	488.66	1,152.00	1,650.60	1,223.20	2,873.80
FOREST							
*	ARISE ASPIRUS	674.26	268.04	942.30	1,679.57	667.33	2,346.90
3 *	SECURITY HEALTH PLAN	674.26	312.94	987.20	1,679.57	779.63	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	674.26	477.74	1,152.00	1,679.57	1,194.23	2,873.80
	STATE MAINTENANCE PLAN	674.26	91.94	766.20	1,679.57	229.03	1,908.60
GRANT							
	DEAN HEALTH INSURANCE	590.23	96.77	687.00	1,467.82	240.88	1,708.70
	GUNDERSEN HEALTH PLAN	590.23	158.47	748.70	1,467.82	395.08	1,862.90
*	HEALTH TRADITION HEALTH PLAN	590.23	65.37	655.60	1,467.82	162.38	1,630.20
*	HEALTHPARTNERS HEALTH PLAN	590.23	257.37	847.60	1,467.82	642.38	2,110.20
	MEDICAL ASSOCIATES HEALTH PLANS	590.23	27.77	618.00	1,467.82	68.38	1,536.20
	PHYSICIANS PLUS	590.23	76.67	666.90	1,467.82	190.58	1,658.40
	UNITY HEALTH INSURANCE - COMMUNITY	590.23	42.77	633.00	1,467.82	105.88	1,573.70
3	STANDARD PLAN - DANE	590.23	479.57	1,069.80	1,467.82	1,200.48	2,668.30
GREEN							
	DEAN HEALTH INSURANCE	580.80	106.20	687.00	1,444.26	264.44	1,708.70
*	MERCYCARE HEALTH PLANS	580.80	67.50	648.30	1,444.26	167.64	1,611.90
	UNITY HEALTH INSURANCE - COMMUNITY	580.80	52.20	633.00	1,444.26	129.44	1,573.70
3	STANDARD PLAN - BALANCE OF STATE	580.80	571.20	1,152.00	1,444.26	1,429.54	2,873.80
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	655.27	10.33	665.60	1,630.42	24.78	1,655.20
*	ARISE HEALTH PLAN	655.27	330.23	985.50	1,630.42	824.48	2,454.90
*	DEAN HEALTH INSURANCE	655.27	31.73	687.00	1,630.42	78.28	1,708.70
3	HUMANA - EASTERN	655.27	449.93	1,105.20	1,630.42	1,123.78	2,754.20
	NETWORK HEALTH NORTHEAST	655.27	52.73	708.00	1,630.42	130.78	1,761.20
*	PHYSICIANS PLUS	655.27	11.63	666.90	1,630.42	27.98	1,658.40
	UNITEDHEALTHCARE OF WISCONSIN	655.27	188.43	843.70	1,630.42	469.98	2,100.40
	WEA TRUST - EAST	655.27	105.93	761.20	1,630.42	263.78	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	655.27	496.73	1,152.00	1,630.42	1,243.38	2,873.80
IOWA							
	DEAN HEALTH INSURANCE	573.08	113.92	687.00	1,424.94	283.76	1,708.70
	MEDICAL ASSOCIATES HEALTH PLANS	573.08	44.92	618.00	1,424.94	111.26	1,536.20
	PHYSICIANS PLUS	573.08	93.82	666.90	1,424.94	233.46	1,658.40
	UNITY HEALTH INSURANCE - COMMUNITY	573.08	59.92	633.00	1,424.94	148.76	1,573.70
3	STANDARD PLAN - BALANCE OF STATE	573.08	578.92	1,152.00	1,424.94	1,448.86	2,873.80

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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
IRON							
3 *	GHC OF EAU CLAIRE	674.26	280.04	954.30	1,679.57	697.33	2,376.90
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	674.26	294.14	968.40	1,679.57	732.63	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	674.26	477.74	1,152.00	1,679.57	1,194.23	2,873.80
	STATE MAINTENANCE PLAN	674.26	91.94	766.20	1,679.57	229.03	1,908.60
JACKSON							
	GUNDERSEN HEALTH PLAN	708.47	40.23	748.70	1,763.41	99.49	1,862.90
	HEALTH TRADITION HEALTH PLAN	655.60	-	655.60	1,630.20	-	1,630.20
	HEALTHPARTNERS HEALTH PLAN	708.47	139.13	847.60	1,763.41	346.79	2,110.20
3	SECURITY HEALTH PLAN	708.47	278.73	987.20	1,763.41	695.79	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	708.47	259.93	968.40	1,763.41	648.79	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	708.47	443.53	1,152.00	1,763.41	1,110.39	2,873.80
JEFFERSON							
	ANTHEM BLUE PREFERRED SOUTHEAST	619.17	123.53	742.70	1,540.15	307.75	1,847.90
	DEAN HEALTH INSURANCE	619.17	67.83	687.00	1,540.15	168.55	1,708.70
3	HUMANA - EASTERN	619.17	486.03	1,105.20	1,540.15	1,214.05	2,754.20
	MERCYCARE HEALTH PLANS	619.17	29.13	648.30	1,540.15	71.75	1,611.90
	PHYSICIANS PLUS	619.17	47.73	666.90	1,540.15	118.25	1,658.40
	UNITEDHEALTHCARE OF WISCONSIN	619.17	224.53	843.70	1,540.15	560.25	2,100.40
	UNITY HEALTH INSURANCE - COMMUNITY	619.17	13.83	633.00	1,540.15	33.55	1,573.70
3	STANDARD PLAN - DANE	619.17	450.63	1,069.80	1,540.15	1,128.15	2,668.30
JUNEAU							
*	ARISE ASPIRUS	609.91	332.39	942.30	1,517.01	829.89	2,346.90
*	DEAN HEALTH INSURANCE	609.91	77.09	687.00	1,517.01	191.69	1,708.70
	GUNDERSEN HEALTH PLAN	609.91	138.79	748.70	1,517.01	345.89	1,862.90
	HEALTH TRADITION HEALTH PLAN	609.91	45.69	655.60	1,517.01	113.19	1,630.20
	PHYSICIANS PLUS	609.91	56.99	666.90	1,517.01	141.39	1,658.40
3	SECURITY HEALTH PLAN	609.91	377.29	987.20	1,517.01	942.19	2,459.20
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	WEA TRUST - EAST	609.91	151.29	761.20	1,517.01	377.19	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	609.91	542.09	1,152.00	1,517.01	1,356.79	2,873.80
KENOSHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	742.70	-	742.70	1,847.90	-	1,847.90
	ARISE HEALTH PLAN	754.42	231.08	985.50	1,878.27	576.63	2,454.90
3	HUMANA - EASTERN	754.42	350.78	1,105.20	1,878.27	875.93	2,754.20
	UNITEDHEALTHCARE OF WISCONSIN	754.42	89.28	843.70	1,878.27	222.13	2,100.40
3	STANDARD PLAN - WAUKESHA	754.42	397.58	1,152.00	1,878.27	995.53	2,873.80
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	716.32	269.18	985.50	1,783.03	671.87	2,454.90
*	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
*	NETWORK HEALTH NORTHEAST	708.00	-	708.00	1,761.20	-	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	716.32	127.38	843.70	1,783.03	317.37	2,100.40
	WEA TRUST - EAST	716.32	44.88	761.20	1,783.03	111.17	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	716.32	435.68	1,152.00	1,783.03	1,090.77	2,873.80

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 Deductible; No Dental - P14

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	708.47	40.23	748.70	1,763.41	99.49	1,862.90
	HEALTH TRADITION HEALTH PLAN	655.60	-	655.60	1,630.20	-	1,630.20
	HEALTHPARTNERS HEALTH PLAN	708.47	139.13	847.60	1,763.41	346.79	2,110.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	708.47	259.93	968.40	1,763.41	648.79	2,412.20
3	STANDARD PLAN - DANE	708.47	361.33	1,069.80	1,763.41	904.89	2,668.30
LAFAYETTE							
*	DEAN HEALTH INSURANCE	586.87	100.13	687.00	1,459.39	249.31	1,708.70
*	MEDICAL ASSOCIATES HEALTH PLANS	586.87	31.13	618.00	1,459.39	76.81	1,536.20
	PHYSICIANS PLUS	586.87	80.03	666.90	1,459.39	199.01	1,658.40
*	UNITY HEALTH INSURANCE - COMMUNITY	586.87	46.13	633.00	1,459.39	114.31	1,573.70
3	STANDARD PLAN - BALANCE OF STATE	586.87	565.13	1,152.00	1,459.39	1,414.41	2,873.80
LANGLADE							
	ARISE ASPIRUS	829.22	113.08	942.30	2,065.27	281.63	2,346.90
3	GHC OF EAU CLAIRE	829.22	125.08	954.30	2,065.27	311.63	2,376.90
*	HEALTHPARTNERS HEALTH PLAN	829.22	18.38	847.60	2,065.27	44.93	2,110.20
3	SECURITY HEALTH PLAN	829.22	157.98	987.20	2,065.27	393.93	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	829.22	322.78	1,152.00	2,065.27	808.53	2,873.80
LINCOLN							
*	ARISE ASPIRUS	745.89	196.41	942.30	1,856.98	489.92	2,346.90
3	GHC OF EAU CLAIRE	745.89	208.41	954.30	1,856.98	519.92	2,376.90
	HEALTHPARTNERS HEALTH PLAN	745.89	101.71	847.60	1,856.98	253.22	2,110.20
3	SECURITY HEALTH PLAN	745.89	241.31	987.20	1,856.98	602.22	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	745.89	406.11	1,152.00	1,856.98	1,016.82	2,873.80
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	678.91	306.59	985.50	1,689.50	765.40	2,454.90
	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
3	HUMANA - EASTERN	678.91	426.29	1,105.20	1,689.50	1,064.70	2,754.20
	NETWORK HEALTH NORTHEAST	678.91	29.09	708.00	1,689.50	71.70	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	678.91	164.79	843.70	1,689.50	410.90	2,100.40
	WEA TRUST - EAST	678.91	82.29	761.20	1,689.50	204.70	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	678.91	473.09	1,152.00	1,689.50	1,184.30	2,873.80
MARATHON							
	ARISE ASPIRUS	748.32	193.98	942.30	1,863.05	483.85	2,346.90
3	GHC OF EAU CLAIRE	748.32	205.98	954.30	1,863.05	513.85	2,376.90
	HEALTHPARTNERS HEALTH PLAN	748.32	99.28	847.60	1,863.05	247.15	2,110.20
3	SECURITY HEALTH PLAN	748.32	238.88	987.20	1,863.05	596.15	2,459.20
	WEA TRUST - EAST	748.32	12.88	761.20	1,863.05	31.15	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	748.32	403.68	1,152.00	1,863.05	1,010.75	2,873.80
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	731.81	253.69	985.50	1,821.75	633.15	2,454.90
*	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
3	HUMANA - EASTERN	731.81	373.39	1,105.20	1,821.75	932.45	2,754.20
	UNITEDHEALTHCARE OF WISCONSIN	731.81	111.89	843.70	1,821.75	278.65	2,100.40
3	STANDARD PLAN - BALANCE OF STATE	731.81	420.19	1,152.00	1,821.75	1,052.05	2,873.80

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IYC Local Deductible; No Dental - P14

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	628.36	58.64	687.00	1,563.14	145.56	1,708.70
*	NETWORK HEALTH NORTHEAST	628.36	79.64	708.00	1,563.14	198.06	1,761.20
	PHYSICIANS PLUS	628.36	38.54	666.90	1,563.14	95.26	1,658.40
*	UNITEDHEALTHCARE OF WISCONSIN	628.36	215.34	843.70	1,563.14	537.26	2,100.40
*	UNITY HEALTH INSURANCE - COMMUNITY	628.36	4.64	633.00	1,563.14	10.56	1,573.70
	WEA TRUST - EAST	628.36	132.84	761.20	1,563.14	331.06	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	628.36	523.64	1,152.00	1,563.14	1,310.66	2,873.80
MENOMINEE							
*	WEA TRUST - EAST	674.26	86.94	761.20	1,679.57	214.63	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	674.26	477.74	1,152.00	1,679.57	1,194.23	2,873.80
	STATE MAINTENANCE PLAN	674.26	91.94	766.20	1,679.57	229.03	1,908.60
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	733.28	9.42	742.70	1,825.43	22.47	1,847.90
	ARISE HEALTH PLAN	733.28	252.22	985.50	1,825.43	629.47	2,454.90
3	HUMANA - EASTERN	733.28	371.92	1,105.20	1,825.43	928.77	2,754.20
* ^	NETWORK HEALTH SOUTHEAST	733.28	21.92	755.20	1,825.43	53.77	1,879.20
	UNITEDHEALTHCARE OF WISCONSIN	733.28	110.42	843.70	1,825.43	274.97	2,100.40
	WEA TRUST - EAST	733.28	27.92	761.20	1,825.43	68.77	1,894.20
3	STANDARD PLAN - MILWAUKEE	733.28	511.02	1,244.30	1,825.43	1,279.07	3,104.50
MONROE							
	GUNDERSEN HEALTH PLAN	660.56	88.14	748.70	1,643.63	219.27	1,862.90
	HEALTH TRADITION HEALTH PLAN	655.60	-	655.60	1,630.20	-	1,630.20
	HEALTHPARTNERS HEALTH PLAN	660.56	187.04	847.60	1,643.63	466.57	2,110.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	660.56	307.84	968.40	1,643.63	768.57	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	660.56	491.44	1,152.00	1,643.63	1,230.17	2,873.80
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	666.20	319.30	985.50	1,657.73	797.17	2,454.90
	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
3	HUMANA - EASTERN	666.20	439.00	1,105.20	1,657.73	1,096.47	2,754.20
	NETWORK HEALTH NORTHEAST	666.20	41.80	708.00	1,657.73	103.47	1,761.20
*	UNITEDHEALTHCARE OF WISCONSIN	666.20	177.50	843.70	1,657.73	442.67	2,100.40
	WEA TRUST - EAST	666.20	95.00	761.20	1,657.73	236.47	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	666.20	485.80	1,152.00	1,657.73	1,216.07	2,873.80
ONEIDA							
*	ARISE ASPIRUS	745.89	196.41	942.30	1,856.98	489.92	2,346.90
3	GHC OF EAU CLAIRE	745.89	208.41	954.30	1,856.98	519.92	2,376.90
	HEALTHPARTNERS HEALTH PLAN	745.89	101.71	847.60	1,856.98	253.22	2,110.20
3	SECURITY HEALTH PLAN	745.89	241.31	987.20	1,856.98	602.22	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	745.89	406.11	1,152.00	1,856.98	1,016.82	2,873.80

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IYC Local Deductible; No Dental - P14

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	665.60	-	665.60	1,655.20	-	1,655.20
		ARISE HEALTH PLAN	697.66	287.84	985.50	1,736.40	718.50	2,454.90
	*	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
	3	HUMANA - EASTERN	697.66	407.54	1,105.20	1,736.40	1,017.80	2,754.20
		NETWORK HEALTH NORTHEAST	697.66	10.34	708.00	1,736.40	24.80	1,761.20
		UNITEDHEALTHCARE OF WISCONSIN	697.66	146.04	843.70	1,736.40	364.00	2,100.40
		WEA TRUST - EAST	697.66	63.54	761.20	1,736.40	157.80	1,894.20
	3	STANDARD PLAN - BALANCE OF STATE	697.66	454.34	1,152.00	1,736.40	1,137.40	2,873.80
OZAUKEE								
		ANTHEM BLUE PREFERRED SOUTHEAST	733.28	9.42	742.70	1,825.43	22.47	1,847.90
		ARISE HEALTH PLAN	733.28	252.22	985.50	1,825.43	629.47	2,454.90
	3	HUMANA - EASTERN	733.28	371.92	1,105.20	1,825.43	928.77	2,754.20
	* ^	NETWORK HEALTH SOUTHEAST	733.28	21.92	755.20	1,825.43	53.77	1,879.20
		UNITEDHEALTHCARE OF WISCONSIN	733.28	110.42	843.70	1,825.43	274.97	2,100.40
		WEA TRUST - EAST	733.28	27.92	761.20	1,825.43	68.77	1,894.20
	3	STANDARD PLAN - WAUKESHA	733.28	418.72	1,152.00	1,825.43	1,048.37	2,873.80
PEPIN								
	*	HEALTHPARTNERS HEALTH PLAN	674.26	173.34	847.60	1,679.57	430.63	2,110.20
	3 *	SECURITY HEALTH PLAN	674.26	312.94	987.20	1,679.57	779.63	2,459.20
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	674.26	294.14	968.40	1,679.57	732.63	2,412.20
	3	STANDARD PLAN - WAUKESHA	674.26	477.74	1,152.00	1,679.57	1,194.23	2,873.80
		STATE MAINTENANCE PLAN	674.26	91.94	766.20	1,679.57	229.03	1,908.60
PIERCE								
		HEALTHPARTNERS HEALTH PLAN	799.04	48.56	847.60	1,989.86	120.34	2,110.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	799.04	169.36	968.40	1,989.86	422.34	2,412.20
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	799.04	169.36	968.40	1,989.86	422.34	2,412.20
	3	STANDARD PLAN - BALANCE OF STATE	799.04	352.96	1,152.00	1,989.86	883.94	2,873.80
POLK								
		HEALTHPARTNERS HEALTH PLAN	799.04	48.56	847.60	1,989.86	120.34	2,110.20
	3	HUMANA - WESTERN	799.04	356.66	1,155.70	1,989.86	890.54	2,880.40
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	799.04	169.36	968.40	1,989.86	422.34	2,412.20
	3	STANDARD PLAN - DANE	799.04	270.76	1,069.80	1,989.86	678.44	2,668.30
PORTAGE								
	*	ARISE ASPIRUS	707.87	234.43	942.30	1,761.94	584.96	2,346.90
		HEALTHPARTNERS HEALTH PLAN	707.87	139.73	847.60	1,761.94	348.26	2,110.20
	3	SECURITY HEALTH PLAN	707.87	279.33	987.20	1,761.94	697.26	2,459.20
		WEA TRUST - EAST	707.87	53.33	761.20	1,761.94	132.26	1,894.20
	3	STANDARD PLAN - BALANCE OF STATE	707.87	444.13	1,152.00	1,761.94	1,111.86	2,873.80
PRICE								
	3	GHC OF EAU CLAIRE	674.26	280.04	954.30	1,679.57	697.33	2,376.90
	*	HEALTHPARTNERS HEALTH PLAN	674.26	173.34	847.60	1,679.57	430.63	2,110.20
	3 *	SECURITY HEALTH PLAN	674.26	312.94	987.20	1,679.57	779.63	2,459.20
	3	STANDARD PLAN - BALANCE OF STATE	674.26	477.74	1,152.00	1,679.57	1,194.23	2,873.80
		STATE MAINTENANCE PLAN	674.26	91.94	766.20	1,679.57	229.03	1,908.60

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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
RACINE							
	ANTHEM BLUE PREFERRED SOUTHEAST	698.02	44.68	742.70	1,737.25	110.65	1,847.90
*	ARISE HEALTH PLAN	698.02	287.48	985.50	1,737.25	717.65	2,454.90
3	HUMANA - EASTERN	698.02	407.18	1,105.20	1,737.25	1,016.95	2,754.20
* ^	NETWORK HEALTH SOUTHEAST	698.02	57.18	755.20	1,737.25	141.95	1,879.20
	UNITEDHEALTHCARE OF WISCONSIN	698.02	145.68	843.70	1,737.25	363.15	2,100.40
3	STANDARD PLAN - WAUKESHA	698.02	453.98	1,152.00	1,737.25	1,136.55	2,873.80
RICHLAND							
	DEAN HEALTH INSURANCE	596.85	90.15	687.00	1,484.37	224.33	1,708.70
	GUNDERSEN HEALTH PLAN	596.85	151.85	748.70	1,484.37	378.53	1,862.90
	HEALTH TRADITION HEALTH PLAN	596.85	58.75	655.60	1,484.37	145.83	1,630.20
	PHYSICIANS PLUS	596.85	70.05	666.90	1,484.37	174.03	1,658.40
	UNITY HEALTH INSURANCE - COMMUNITY	596.85	36.15	633.00	1,484.37	89.33	1,573.70
3	STANDARD PLAN - BALANCE OF STATE	596.85	555.15	1,152.00	1,484.37	1,389.43	2,873.80
ROCK							
	ANTHEM BLUE PREFERRED SOUTHEAST	633.00	109.70	742.70	1,574.73	273.17	1,847.90
	DEAN HEALTH INSURANCE	633.00	54.00	687.00	1,574.73	133.97	1,708.70
3 *	HUMANA - EASTERN	633.00	472.20	1,105.20	1,574.73	1,179.47	2,754.20
	MERCYCARE HEALTH PLANS	633.00	15.30	648.30	1,574.73	37.17	1,611.90
*	PHYSICIANS PLUS	633.00	33.90	666.90	1,574.73	83.67	1,658.40
	UNITEDHEALTHCARE OF WISCONSIN	633.00	210.70	843.70	1,574.73	525.67	2,100.40
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	WEA TRUST - EAST	633.00	128.20	761.20	1,574.73	319.47	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	633.00	519.00	1,152.00	1,574.73	1,299.07	2,873.80
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	847.60	-	847.60	2,110.20	-	2,110.20
3	SECURITY HEALTH PLAN	852.19	135.01	987.20	2,122.74	336.46	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	852.19	116.21	968.40	2,122.74	289.46	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	852.19	299.81	1,152.00	2,122.74	751.06	2,873.80
SAUK							
	DEAN HEALTH INSURANCE	587.43	99.57	687.00	1,460.81	247.89	1,708.70
	GHC OF SOUTH CENTRAL WISCONSIN	587.43	26.57	614.00	1,460.81	65.39	1,526.20
	GUNDERSEN HEALTH PLAN	587.43	161.27	748.70	1,460.81	402.09	1,862.90
	HEALTH TRADITION HEALTH PLAN	587.43	68.17	655.60	1,460.81	169.39	1,630.20
	PHYSICIANS PLUS	587.43	79.47	666.90	1,460.81	197.59	1,658.40
	UNITY HEALTH INSURANCE - COMMUNITY	587.43	45.57	633.00	1,460.81	112.89	1,573.70
3	STANDARD PLAN - BALANCE OF STATE	587.43	564.57	1,152.00	1,460.81	1,412.99	2,873.80
SAWYER							
3	GHC OF EAU CLAIRE	745.89	208.41	954.30	1,856.98	519.92	2,376.90
	HEALTHPARTNERS HEALTH PLAN	745.89	101.71	847.60	1,856.98	253.22	2,110.20
3	SECURITY HEALTH PLAN	745.89	241.31	987.20	1,856.98	602.22	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	745.89	406.11	1,152.00	1,856.98	1,016.82	2,873.80

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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
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	697.66	287.84	985.50	1,736.40	718.50	2,454.90
3 *	HUMANA - EASTERN	697.66	407.54	1,105.20	1,736.40	1,017.80	2,754.20
	NETWORK HEALTH NORTHEAST	697.66	10.34	708.00	1,736.40	24.80	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	697.66	146.04	843.70	1,736.40	364.00	2,100.40
	WEA TRUST - EAST	697.66	63.54	761.20	1,736.40	157.80	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	697.66	454.34	1,152.00	1,736.40	1,137.40	2,873.80
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	678.91	306.59	985.50	1,689.50	765.40	2,454.90
	DEAN HEALTH INSURANCE - PREVEA360	664.90	-	664.90	1,653.40	-	1,653.40
3	HUMANA - EASTERN	678.91	426.29	1,105.20	1,689.50	1,064.70	2,754.20
	NETWORK HEALTH NORTHEAST	678.91	29.09	708.00	1,689.50	71.70	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	678.91	164.79	843.70	1,689.50	410.90	2,100.40
	WEA TRUST - EAST	678.91	82.29	761.20	1,689.50	204.70	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	678.91	473.09	1,152.00	1,689.50	1,184.30	2,873.80
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	799.04	48.56	847.60	1,989.86	120.34	2,110.20
3	HUMANA - WESTERN	799.04	356.66	1,155.70	1,989.86	890.54	2,880.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	799.04	169.36	968.40	1,989.86	422.34	2,412.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	799.04	169.36	968.40	1,989.86	422.34	2,412.20
3	STANDARD PLAN - DANE	799.04	270.76	1,069.80	1,989.86	678.44	2,668.30
TAYLOR							
	ARISE ASPIRUS	829.22	113.08	942.30	2,065.27	281.63	2,346.90
3	GHC OF EAU CLAIRE	829.22	125.08	954.30	2,065.27	311.63	2,376.90
*	HEALTHPARTNERS HEALTH PLAN	829.22	18.38	847.60	2,065.27	44.93	2,110.20
3	SECURITY HEALTH PLAN	829.22	157.98	987.20	2,065.27	393.93	2,459.20
3	STANDARD PLAN - BALANCE OF STATE	829.22	322.78	1,152.00	2,065.27	808.53	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	755.52	92.08	847.60	1,881.04	229.16	2,110.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	755.52	212.88	968.40	1,881.04	531.16	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	755.52	396.48	1,152.00	1,881.04	992.76	2,873.80
VERNON							
*	DEAN HEALTH INSURANCE	634.68	52.32	687.00	1,578.94	129.76	1,708.70
	GUNDERSEN HEALTH PLAN	634.68	114.02	748.70	1,578.94	283.96	1,862.90
	HEALTH TRADITION HEALTH PLAN	634.68	20.92	655.60	1,578.94	51.26	1,630.20
	HEALTHPARTNERS HEALTH PLAN	634.68	212.92	847.60	1,578.94	531.26	2,110.20
*	PHYSICIANS PLUS	634.68	32.22	666.90	1,578.94	79.46	1,658.40
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
3	STANDARD PLAN - BALANCE OF STATE	634.68	517.32	1,152.00	1,578.94	1,294.86	2,873.80

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 Deductible; No Dental - P14

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	674.26	268.04	942.30	1,679.57	667.33	2,346.90
3 *	GHC OF EAU CLAIRE	674.26	280.04	954.30	1,679.57	697.33	2,376.90
*	HEALTHPARTNERS HEALTH PLAN	674.26	173.34	847.60	1,679.57	430.63	2,110.20
3 *	SECURITY HEALTH PLAN	674.26	312.94	987.20	1,679.57	779.63	2,459.20
3 *	STANDARD PLAN - BALANCE OF STATE	674.26	477.74	1,152.00	1,679.57	1,194.23	2,873.80
	STATE MAINTENANCE PLAN	674.26	91.94	766.20	1,679.57	229.03	1,908.60
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	676.78	65.92	742.70	1,684.17	163.73	1,847.90
	ARISE HEALTH PLAN	676.78	308.72	985.50	1,684.17	770.73	2,454.90
*	DEAN HEALTH INSURANCE	676.78	10.22	687.00	1,684.17	24.53	1,708.70
3	HUMANA - EASTERN	676.78	428.42	1,105.20	1,684.17	1,070.03	2,754.20
	MERCYCARE HEALTH PLANS	648.30	-	648.30	1,611.90	-	1,611.90
*	PHYSICIANS PLUS	666.90	-	666.90	1,658.40	-	1,658.40
	UNITEDHEALTHCARE OF WISCONSIN	676.78	166.92	843.70	1,684.17	416.23	2,100.40
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	WEA TRUST - EAST	676.78	84.42	761.20	1,684.17	210.03	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	676.78	475.22	1,152.00	1,684.17	1,189.63	2,873.80
WASHBURN							
3	GHC OF EAU CLAIRE	799.04	155.26	954.30	1,989.86	387.04	2,376.90
	HEALTHPARTNERS HEALTH PLAN	799.04	48.56	847.60	1,989.86	120.34	2,110.20
3	SECURITY HEALTH PLAN	799.04	188.16	987.20	1,989.86	469.34	2,459.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	799.04	169.36	968.40	1,989.86	422.34	2,412.20
3	STANDARD PLAN - BALANCE OF STATE	799.04	352.96	1,152.00	1,989.86	883.94	2,873.80
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	733.28	9.42	742.70	1,825.43	22.47	1,847.90
	ARISE HEALTH PLAN	733.28	252.22	985.50	1,825.43	629.47	2,454.90
3	HUMANA - EASTERN	733.28	371.92	1,105.20	1,825.43	928.77	2,754.20
* ^	NETWORK HEALTH SOUTHEAST	733.28	21.92	755.20	1,825.43	53.77	1,879.20
	UNITEDHEALTHCARE OF WISCONSIN	733.28	110.42	843.70	1,825.43	274.97	2,100.40
	WEA TRUST - EAST	733.28	27.92	761.20	1,825.43	68.77	1,894.20
3	STANDARD PLAN - WAUKESHA	733.28	418.72	1,152.00	1,825.43	1,048.37	2,873.80
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	682.45	60.25	742.70	1,698.37	149.53	1,847.90
	ARISE HEALTH PLAN	682.45	303.05	985.50	1,698.37	756.53	2,454.90
	DEAN HEALTH INSURANCE	682.45	4.55	687.00	1,698.37	10.33	1,708.70
3	HUMANA - EASTERN	682.45	422.75	1,105.20	1,698.37	1,055.83	2,754.20
* ^	NETWORK HEALTH SOUTHEAST	682.45	72.75	755.20	1,698.37	180.83	1,879.20
*	PHYSICIANS PLUS	666.90	-	666.90	1,658.40	-	1,658.40
	UNITEDHEALTHCARE OF WISCONSIN	682.45	161.25	843.70	1,698.37	402.03	2,100.40
	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	WEA TRUST - EAST	682.45	78.75	761.20	1,698.37	195.83	1,894.20
3	STANDARD PLAN - WAUKESHA	682.45	469.55	1,152.00	1,698.37	1,175.43	2,873.80

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible; No Dental - P14

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	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	697.66	287.84	985.50	1,736.40	718.50	2,454.90
3	HUMANA - EASTERN	697.66	407.54	1,105.20	1,736.40	1,017.80	2,754.20
	NETWORK HEALTH NORTHEAST	697.66	10.34	708.00	1,736.40	24.80	1,761.20
3	SECURITY HEALTH PLAN	697.66	289.54	987.20	1,736.40	722.80	2,459.20
	UNITEDHEALTHCARE OF WISCONSIN	697.66	146.04	843.70	1,736.40	364.00	2,100.40
	WEA TRUST - EAST	697.66	63.54	761.20	1,736.40	157.80	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	697.66	454.34	1,152.00	1,736.40	1,137.40	2,873.80
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	641.59	24.01	665.60	1,596.21	58.99	1,655.20
*	ARISE HEALTH PLAN	641.59	343.91	985.50	1,596.21	858.69	2,454.90
3	HUMANA - EASTERN	641.59	463.61	1,105.20	1,596.21	1,157.99	2,754.20
	NETWORK HEALTH NORTHEAST	641.59	66.41	708.00	1,596.21	164.99	1,761.20
	PHYSICIANS PLUS	641.59	25.31	666.90	1,596.21	62.19	1,658.40
3	SECURITY HEALTH PLAN	641.59	345.61	987.20	1,596.21	862.99	2,459.20
	UNITEDHEALTHCARE OF WISCONSIN	641.59	202.11	843.70	1,596.21	504.19	2,100.40
	WEA TRUST - EAST	641.59	119.61	761.20	1,596.21	297.99	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	641.59	510.41	1,152.00	1,596.21	1,277.59	2,873.80
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	665.60	-	665.60	1,655.20	-	1,655.20
	ARISE HEALTH PLAN	697.66	287.84	985.50	1,736.40	718.50	2,454.90
3	HUMANA - EASTERN	697.66	407.54	1,105.20	1,736.40	1,017.80	2,754.20
	NETWORK HEALTH NORTHEAST	697.66	10.34	708.00	1,736.40	24.80	1,761.20
	UNITEDHEALTHCARE OF WISCONSIN	697.66	146.04	843.70	1,736.40	364.00	2,100.40
	WEA TRUST - EAST	697.66	63.54	761.20	1,736.40	157.80	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	697.66	454.34	1,152.00	1,736.40	1,137.40	2,873.80
WOOD							
	ARISE ASPIRUS	749.54	192.76	942.30	1,866.08	480.82	2,346.90
*	HEALTHPARTNERS HEALTH PLAN	749.54	98.06	847.60	1,866.08	244.12	2,110.20
*	PHYSICIANS PLUS	666.90	-	666.90	1,658.40	-	1,658.40
3	SECURITY HEALTH PLAN	749.54	237.66	987.20	1,866.08	593.12	2,459.20
*	UNITY HEALTH INSURANCE - COMMUNITY	633.00	-	633.00	1,573.70	-	1,573.70
	WEA TRUST - EAST	749.54	11.66	761.20	1,866.08	28.12	1,894.20
3	STANDARD PLAN - BALANCE OF STATE	749.54	402.46	1,152.00	1,866.08	1,007.72	2,873.80