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 Coinsurance; No Dental - P16

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	676.62	22.98	699.60	1,682.31	57.89	1,740.20
	PHYSICIANS PLUS	676.62	2.38	679.00	1,682.31	6.39	1,688.70
3	SECURITY HEALTH PLAN	676.62	329.68	1,006.30	1,682.31	824.59	2,506.90
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	WEA TRUST - EAST	676.62	98.78	775.40	1,682.31	247.39	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	676.62	492.18	1,168.80	1,682.31	1,233.49	2,915.80
ASHLAND							
3	GHC OF EAU CLAIRE	906.78	65.92	972.70	2,257.71	165.19	2,422.90
	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
3	SECURITY HEALTH PLAN	906.78	99.52	1,006.30	2,257.71	249.19	2,506.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	906.78	80.32	987.10	2,257.71	201.19	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	906.78	262.02	1,168.80	2,257.71	658.09	2,915.80
BARRON							
	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
3	HUMANA - WESTERN	906.78	271.62	1,178.40	2,257.71	679.49	2,937.20
3	SECURITY HEALTH PLAN	906.78	99.52	1,006.30	2,257.71	249.19	2,506.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	906.78	80.32	987.10	2,257.71	201.19	2,458.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	906.78	80.32	987.10	2,257.71	201.19	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	906.78	262.02	1,168.80	2,257.71	658.09	2,915.80
BAYFIELD							
3 *	GHC OF EAU CLAIRE	816.17	156.53	972.70	2,033.22	389.68	2,422.90
3 *	SECURITY HEALTH PLAN	816.17	190.13	1,006.30	2,033.22	473.68	2,506.90
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	816.17	170.93	987.10	2,033.22	425.68	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	816.17	352.63	1,168.80	2,033.22	882.58	2,915.80
	STATE MAINTENANCE PLAN	777.30	-	777.30	1,936.40	-	1,936.40
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	710.85	293.65	1,004.50	1,767.89	734.51	2,502.40
	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
3	HUMANA - EASTERN	710.85	415.95	1,126.80	1,767.89	1,040.31	2,808.20
	NETWORK HEALTH NORTHEAST	710.85	10.15	721.00	1,767.89	25.81	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	710.85	148.85	859.70	1,767.89	372.51	2,140.40
	WEA TRUST - EAST	710.85	64.55	775.40	1,767.89	161.81	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	710.85	457.95	1,168.80	1,767.89	1,147.91	2,915.80
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	667.50	-	667.50	1,659.90	-	1,659.90
3	STANDARD PLAN - BALANCE OF STATE	816.17	352.63	1,168.80	2,033.22	882.58	2,915.80
	STATE MAINTENANCE PLAN	777.30	-	777.30	1,936.40	-	1,936.40
BURNETT							
3	GHC OF EAU CLAIRE	906.78	65.92	972.70	2,257.71	165.19	2,422.90
	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
3	SECURITY HEALTH PLAN	906.78	99.52	1,006.30	2,257.71	249.19	2,506.90
3	STANDARD PLAN - BALANCE OF STATE	906.78	262.02	1,168.80	2,257.71	658.09	2,915.80

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IYC Local Coinsurance; No Dental - P16

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	677.70	-	677.70	1,685.40	-	1,685.40
	*	ARISE HEALTH PLAN	711.59	292.91	1,004.50	1,769.67	732.73	2,502.40
	3 *	HUMANA - EASTERN	711.59	415.21	1,126.80	1,769.67	1,038.53	2,808.20
		NETWORK HEALTH NORTHEAST	711.59	9.41	721.00	1,769.67	24.03	1,793.70
		UNITEDHEALTHCARE OF WISCONSIN	711.59	148.11	859.70	1,769.67	370.73	2,140.40
	*	WEA TRUST - EAST	711.59	63.81	775.40	1,769.67	160.03	1,929.70
	3	STANDARD PLAN - BALANCE OF STATE	711.59	457.21	1,168.80	1,769.67	1,146.13	2,915.80
CHIPPEWA								
		GUNDERSEN HEALTH PLAN	762.60	-	762.60	1,897.70	-	1,897.70
		HEALTHPARTNERS HEALTH PLAN	800.73	62.87	863.60	1,992.59	157.61	2,150.20
	3	HUMANA - WESTERN	800.73	377.67	1,178.40	1,992.59	944.61	2,937.20
	3	SECURITY HEALTH PLAN	800.73	205.57	1,006.30	1,992.59	514.31	2,506.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	800.73	186.37	987.10	1,992.59	466.31	2,458.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	800.73	186.37	987.10	1,992.59	466.31	2,458.90
	3	STANDARD PLAN - BALANCE OF STATE	800.73	368.07	1,168.80	1,992.59	923.21	2,915.80
CLARK								
	*	ARISE ASPIRUS	800.73	159.77	960.50	1,992.59	399.81	2,392.40
	3	GHC OF EAU CLAIRE	800.73	171.97	972.70	1,992.59	430.31	2,422.90
		GUNDERSEN HEALTH PLAN	762.60	-	762.60	1,897.70	-	1,897.70
		HEALTHPARTNERS HEALTH PLAN	800.73	62.87	863.60	1,992.59	157.61	2,150.20
	3	SECURITY HEALTH PLAN	800.73	205.57	1,006.30	1,992.59	514.31	2,506.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	800.73	186.37	987.10	1,992.59	466.31	2,458.90
	3	STANDARD PLAN - BALANCE OF STATE	800.73	368.07	1,168.80	1,992.59	923.21	2,915.80
COLUMBIA								
		DEAN HEALTH INSURANCE	656.25	43.35	699.60	1,631.39	108.81	1,740.20
		GHC OF SOUTH CENTRAL WISCONSIN	625.00	-	625.00	1,553.70	-	1,553.70
		PHYSICIANS PLUS	656.25	22.75	679.00	1,631.39	57.31	1,688.70
		UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
		WEA TRUST - EAST	656.25	119.15	775.40	1,631.39	298.31	1,929.70
	3	STANDARD PLAN - BALANCE OF STATE	656.25	512.55	1,168.80	1,631.39	1,284.41	2,915.80
CRAWFORD								
		GUNDERSEN HEALTH PLAN	660.45	102.15	762.60	1,641.89	255.81	1,897.70
		HEALTH TRADITION HEALTH PLAN	660.45	7.05	667.50	1,641.89	18.01	1,659.90
		HEALTHPARTNERS HEALTH PLAN	660.45	203.15	863.60	1,641.89	508.31	2,150.20
		MEDICAL ASSOCIATES HEALTH PLANS	629.00	-	629.00	1,563.70	-	1,563.70
	*	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	660.45	326.65	987.10	1,641.89	817.01	2,458.90
	3	STANDARD PLAN - BALANCE OF STATE	660.45	508.35	1,168.80	1,641.89	1,273.91	2,915.80
DANE								
		DEAN HEALTH INSURANCE	618.98	80.62	699.60	1,538.15	202.05	1,740.20
		GHC OF SOUTH CENTRAL WISCONSIN	618.98	6.02	625.00	1,538.15	15.55	1,553.70
		PHYSICIANS PLUS	618.98	60.02	679.00	1,538.15	150.55	1,688.70
		UNITY HEALTH INSURANCE - UW HEALTH	589.50	-	589.50	1,464.90	-	1,464.90
		WEA TRUST - SOUTH CENTRAL	592.60	-	592.60	1,472.70	-	1,472.70
	3	STANDARD PLAN - DANE	618.98	465.82	1,084.80	1,538.15	1,167.65	2,705.80

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IYC Local Coinsurance; No Dental - P16

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	676.62	79.88	756.50	1,682.31	200.09	1,882.40
*	ARISE HEALTH PLAN	676.62	327.88	1,004.50	1,682.31	820.09	2,502.40
	DEAN HEALTH INSURANCE	676.62	22.98	699.60	1,682.31	57.89	1,740.20
3	HUMANA - EASTERN	676.62	450.18	1,126.80	1,682.31	1,125.89	2,808.20
	NETWORK HEALTH NORTHEAST	676.62	44.38	721.00	1,682.31	111.39	1,793.70
	PHYSICIANS PLUS	676.62	2.38	679.00	1,682.31	6.39	1,688.70
	UNITEDHEALTHCARE OF WISCONSIN	676.62	183.08	859.70	1,682.31	458.09	2,140.40
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	WEA TRUST - EAST	676.62	98.78	775.40	1,682.31	247.39	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	676.62	492.18	1,168.80	1,682.31	1,233.49	2,915.80
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	711.59	292.91	1,004.50	1,769.67	732.73	2,502.40
*	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
3	HUMANA - EASTERN	711.59	415.21	1,126.80	1,769.67	1,038.53	2,808.20
	NETWORK HEALTH NORTHEAST	711.59	9.41	721.00	1,769.67	24.03	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	711.59	148.11	859.70	1,769.67	370.73	2,140.40
	WEA TRUST - EAST	711.59	63.81	775.40	1,769.67	160.03	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	711.59	457.21	1,168.80	1,769.67	1,146.13	2,915.80
DOUGLAS							
3	GHC OF EAU CLAIRE	906.78	65.92	972.70	2,257.71	165.19	2,422.90
	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
3	SECURITY HEALTH PLAN	906.78	99.52	1,006.30	2,257.71	249.19	2,506.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	906.78	80.32	987.10	2,257.71	201.19	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	906.78	262.02	1,168.80	2,257.71	658.09	2,915.80
DUNN							
3	HUMANA - WESTERN	1,036.46	141.94	1,178.40	2,581.85	355.35	2,937.20
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	987.10	-	987.10	2,458.90	-	2,458.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	987.10	-	987.10	2,458.90	-	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	1,036.46	132.34	1,168.80	2,581.85	333.95	2,915.80
EAU CLAIRE							
	GUNDERSEN HEALTH PLAN	762.60	-	762.60	1,897.70	-	1,897.70
	HEALTHPARTNERS HEALTH PLAN	800.73	62.87	863.60	1,992.59	157.61	2,150.20
3	HUMANA - WESTERN	800.73	377.67	1,178.40	1,992.59	944.61	2,937.20
3	SECURITY HEALTH PLAN	800.73	205.57	1,006.30	1,992.59	514.31	2,506.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	800.73	186.37	987.10	1,992.59	466.31	2,458.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	800.73	186.37	987.10	1,992.59	466.31	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	800.73	368.07	1,168.80	1,992.59	923.21	2,915.80
FLORENCE							
*	ARISE ASPIRUS	816.17	144.33	960.50	2,033.22	359.18	2,392.40
3	STANDARD PLAN - BALANCE OF STATE	816.17	352.63	1,168.80	2,033.22	882.58	2,915.80
	STATE MAINTENANCE PLAN	777.30	-	777.30	1,936.40	-	1,936.40

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105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	676.62	1.08	677.70	1,682.31	3.09	1,685.40
	ARISE HEALTH PLAN	676.62	327.88	1,004.50	1,682.31	820.09	2,502.40
	DEAN HEALTH INSURANCE	676.62	22.98	699.60	1,682.31	57.89	1,740.20
3	HUMANA - EASTERN	676.62	450.18	1,126.80	1,682.31	1,125.89	2,808.20
	NETWORK HEALTH NORTHEAST	676.62	44.38	721.00	1,682.31	111.39	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	676.62	183.08	859.70	1,682.31	458.09	2,140.40
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
3	STANDARD PLAN - BALANCE OF STATE	676.62	492.18	1,168.80	1,682.31	1,233.49	2,915.80
FOREST							
*	ARISE ASPIRUS	816.17	144.33	960.50	2,033.22	359.18	2,392.40
3	SECURITY HEALTH PLAN	816.17	190.13	1,006.30	2,033.22	473.68	2,506.90
3	STANDARD PLAN - BALANCE OF STATE	816.17	352.63	1,168.80	2,033.22	882.58	2,915.80
	STATE MAINTENANCE PLAN	777.30	-	777.30	1,936.40	-	1,936.40
GRANT							
	DEAN HEALTH INSURANCE	660.45	39.15	699.60	1,641.89	98.31	1,740.20
	GUNDERSEN HEALTH PLAN	660.45	102.15	762.60	1,641.89	255.81	1,897.70
*	HEALTH TRADITION HEALTH PLAN	660.45	7.05	667.50	1,641.89	18.01	1,659.90
*	HEALTHPARTNERS HEALTH PLAN	660.45	203.15	863.60	1,641.89	508.31	2,150.20
	MEDICAL ASSOCIATES HEALTH PLANS	629.00	-	629.00	1,563.70	-	1,563.70
	PHYSICIANS PLUS	660.45	18.55	679.00	1,641.89	46.81	1,688.70
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
3	STANDARD PLAN - DANE	660.45	424.35	1,084.80	1,641.89	1,063.91	2,705.80
GREEN							
	DEAN HEALTH INSURANCE	676.62	22.98	699.60	1,682.31	57.89	1,740.20
*	MERCYCARE HEALTH PLANS	660.00	-	660.00	1,641.20	-	1,641.20
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
3	STANDARD PLAN - BALANCE OF STATE	676.62	492.18	1,168.80	1,682.31	1,233.49	2,915.80
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
*	ARISE HEALTH PLAN	711.59	292.91	1,004.50	1,769.67	732.73	2,502.40
*	DEAN HEALTH INSURANCE	699.60	-	699.60	1,740.20	-	1,740.20
3	HUMANA - EASTERN	711.59	415.21	1,126.80	1,769.67	1,038.53	2,808.20
	NETWORK HEALTH NORTHEAST	711.59	9.41	721.00	1,769.67	24.03	1,793.70
*	PHYSICIANS PLUS	679.00	-	679.00	1,688.70	-	1,688.70
	UNITEDHEALTHCARE OF WISCONSIN	711.59	148.11	859.70	1,769.67	370.73	2,140.40
	WEA TRUST - EAST	711.59	63.81	775.40	1,769.67	160.03	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	711.59	457.21	1,168.80	1,769.67	1,146.13	2,915.80
IOWA							
	DEAN HEALTH INSURANCE	660.45	39.15	699.60	1,641.89	98.31	1,740.20
	MEDICAL ASSOCIATES HEALTH PLANS	629.00	-	629.00	1,563.70	-	1,563.70
	PHYSICIANS PLUS	660.45	18.55	679.00	1,641.89	46.81	1,688.70
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
3	STANDARD PLAN - BALANCE OF STATE	660.45	508.35	1,168.80	1,641.89	1,273.91	2,915.80

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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	816.17	156.53	972.70	2,033.22	389.68	2,422.90
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	816.17	170.93	987.10	2,033.22	425.68	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	816.17	352.63	1,168.80	2,033.22	882.58	2,915.80
	STATE MAINTENANCE PLAN	777.30	-	777.30	1,936.40	-	1,936.40
JACKSON							
	GUNDERSEN HEALTH PLAN	700.88	61.72	762.60	1,742.90	154.80	1,897.70
	HEALTH TRADITION HEALTH PLAN	667.50	-	667.50	1,659.90	-	1,659.90
	HEALTHPARTNERS HEALTH PLAN	700.88	162.72	863.60	1,742.90	407.30	2,150.20
3	SECURITY HEALTH PLAN	700.88	305.42	1,006.30	1,742.90	764.00	2,506.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	700.88	286.22	987.10	1,742.90	716.00	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	700.88	467.92	1,168.80	1,742.90	1,172.90	2,915.80
JEFFERSON							
	ANTHEM BLUE PREFERRED SOUTHEAST	676.62	79.88	756.50	1,682.31	200.09	1,882.40
	DEAN HEALTH INSURANCE	676.62	22.98	699.60	1,682.31	57.89	1,740.20
3	HUMANA - EASTERN	676.62	450.18	1,126.80	1,682.31	1,125.89	2,808.20
	MERCYCARE HEALTH PLANS	660.00	-	660.00	1,641.20	-	1,641.20
	PHYSICIANS PLUS	676.62	2.38	679.00	1,682.31	6.39	1,688.70
	UNITEDHEALTHCARE OF WISCONSIN	676.62	183.08	859.70	1,682.31	458.09	2,140.40
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
3	STANDARD PLAN - DANE	676.62	408.18	1,084.80	1,682.31	1,023.49	2,705.80
JUNEAU							
*	ARISE ASPIRUS	676.62	283.88	960.50	1,682.31	710.09	2,392.40
*	DEAN HEALTH INSURANCE	676.62	22.98	699.60	1,682.31	57.89	1,740.20
	GUNDERSEN HEALTH PLAN	676.62	85.98	762.60	1,682.31	215.39	1,897.70
	HEALTH TRADITION HEALTH PLAN	667.50	-	667.50	1,659.90	-	1,659.90
	PHYSICIANS PLUS	676.62	2.38	679.00	1,682.31	6.39	1,688.70
	SECURITY HEALTH PLAN	676.62	329.68	1,006.30	1,682.31	824.59	2,506.90
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	WEA TRUST - EAST	676.62	98.78	775.40	1,682.31	247.39	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	676.62	492.18	1,168.80	1,682.31	1,233.49	2,915.80
KENOSHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	756.50	-	756.50	1,882.40	-	1,882.40
	ARISE HEALTH PLAN	794.33	210.17	1,004.50	1,976.52	525.88	2,502.40
3	HUMANA - EASTERN	794.33	332.47	1,126.80	1,976.52	831.68	2,808.20
	UNITEDHEALTHCARE OF WISCONSIN	794.33	65.37	859.70	1,976.52	163.88	2,140.40
3	STANDARD PLAN - WAUKESHA	794.33	374.47	1,168.80	1,976.52	939.28	2,915.80
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	711.59	292.91	1,004.50	1,769.67	732.73	2,502.40
*	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
	NETWORK HEALTH NORTHEAST	711.59	9.41	721.00	1,769.67	24.03	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	711.59	148.11	859.70	1,769.67	370.73	2,140.40
	WEA TRUST - EAST	711.59	63.81	775.40	1,769.67	160.03	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	711.59	457.21	1,168.80	1,769.67	1,146.13	2,915.80

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
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IYC Local Coinsurance; No Dental - P16

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	700.88	61.72	762.60	1,742.90	154.80	1,897.70
	HEALTH TRADITION HEALTH PLAN	667.50	-	667.50	1,659.90	-	1,659.90
	HEALTHPARTNERS HEALTH PLAN	700.88	162.72	863.60	1,742.90	407.30	2,150.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	700.88	286.22	987.10	1,742.90	716.00	2,458.90
3	STANDARD PLAN - DANE	700.88	383.92	1,084.80	1,742.90	962.90	2,705.80
LAFAYETTE							
*	DEAN HEALTH INSURANCE	660.45	39.15	699.60	1,641.89	98.31	1,740.20
	MEDICAL ASSOCIATES HEALTH PLANS	629.00	-	629.00	1,563.70	-	1,563.70
	PHYSICIANS PLUS	660.45	18.55	679.00	1,641.89	46.81	1,688.70
*	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
3	STANDARD PLAN - BALANCE OF STATE	660.45	508.35	1,168.80	1,641.89	1,273.91	2,915.80
LANGLADE							
	ARISE ASPIRUS	960.50	-	960.50	2,392.40	-	2,392.40
3	GHC OF EAU CLAIRE	972.70	-	972.70	2,422.90	-	2,422.90
*	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
3	SECURITY HEALTH PLAN	1,006.30	-	1,006.30	2,506.90	-	2,506.90
3	STANDARD PLAN - BALANCE OF STATE	1,008.53	160.27	1,168.80	2,512.02	403.78	2,915.80
LINCOLN							
*	ARISE ASPIRUS	906.78	53.72	960.50	2,257.71	134.69	2,392.40
3	GHC OF EAU CLAIRE	906.78	65.92	972.70	2,257.71	165.19	2,422.90
	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
3	SECURITY HEALTH PLAN	906.78	99.52	1,006.30	2,257.71	249.19	2,506.90
3	STANDARD PLAN - BALANCE OF STATE	906.78	262.02	1,168.80	2,257.71	658.09	2,915.80
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	710.85	293.65	1,004.50	1,767.89	734.51	2,502.40
	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
3	HUMANA - EASTERN	710.85	415.95	1,126.80	1,767.89	1,040.31	2,808.20
	NETWORK HEALTH NORTHEAST	710.85	10.15	721.00	1,767.89	25.81	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	710.85	148.85	859.70	1,767.89	372.51	2,140.40
	WEA TRUST - EAST	710.85	64.55	775.40	1,767.89	161.81	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	710.85	457.95	1,168.80	1,767.89	1,147.91	2,915.80
MARATHON							
	ARISE ASPIRUS	814.17	146.33	960.50	2,026.19	366.21	2,392.40
3	GHC OF EAU CLAIRE	814.17	158.53	972.70	2,026.19	396.71	2,422.90
	HEALTHPARTNERS HEALTH PLAN	814.17	49.43	863.60	2,026.19	124.01	2,150.20
3	SECURITY HEALTH PLAN	814.17	192.13	1,006.30	2,026.19	480.71	2,506.90
	WEA TRUST - EAST	775.40	-	775.40	1,929.70	-	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	814.17	354.63	1,168.80	2,026.19	889.61	2,915.80
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	711.59	292.91	1,004.50	1,769.67	732.73	2,502.40
*	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
3	HUMANA - EASTERN	711.59	415.21	1,126.80	1,769.67	1,038.53	2,808.20
	UNITEDHEALTHCARE OF WISCONSIN	711.59	148.11	859.70	1,769.67	370.73	2,140.40
3	STANDARD PLAN - BALANCE OF STATE	711.59	457.21	1,168.80	1,769.67	1,146.13	2,915.80

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IYC Local Coinsurance; No Dental - P16

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	699.60	-	699.60	1,740.20	-	1,740.20
*	NETWORK HEALTH NORTHEAST	712.95	8.05	721.00	1,773.14	20.56	1,793.70
	PHYSICIANS PLUS	679.00	-	679.00	1,688.70	-	1,688.70
*	UNITEDHEALTHCARE OF WISCONSIN	712.95	146.75	859.70	1,773.14	367.26	2,140.40
*	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	WEA TRUST - EAST	712.95	62.45	775.40	1,773.14	156.56	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	712.95	455.85	1,168.80	1,773.14	1,142.66	2,915.80
MENOMINEE							
*	WEA TRUST - EAST	775.40	-	775.40	1,929.70	-	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	816.17	352.63	1,168.80	2,033.22	882.58	2,915.80
	STATE MAINTENANCE PLAN	777.30	-	777.30	1,936.40	-	1,936.40
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	756.50	-	756.50	1,882.40	-	1,882.40
	ARISE HEALTH PLAN	794.33	210.17	1,004.50	1,976.52	525.88	2,502.40
3	HUMANA - EASTERN	794.33	332.47	1,126.80	1,976.52	831.68	2,808.20
* ^	NETWORK HEALTH SOUTHEAST	769.30	-	769.30	1,914.40	-	1,914.40
	UNITEDHEALTHCARE OF WISCONSIN	794.33	65.37	859.70	1,976.52	163.88	2,140.40
	WEA TRUST - EAST	775.40	-	775.40	1,929.70	-	1,929.70
3	STANDARD PLAN - MILWAUKEE	794.33	468.87	1,263.20	1,976.52	1,175.28	3,151.80
MONROE							
	GUNDERSEN HEALTH PLAN	700.88	61.72	762.60	1,742.90	154.80	1,897.70
	HEALTH TRADITION HEALTH PLAN	667.50	-	667.50	1,659.90	-	1,659.90
	HEALTHPARTNERS HEALTH PLAN	700.88	162.72	863.60	1,742.90	407.30	2,150.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	700.88	286.22	987.10	1,742.90	716.00	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	700.88	467.92	1,168.80	1,742.90	1,172.90	2,915.80
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	710.85	293.65	1,004.50	1,767.89	734.51	2,502.40
	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
3	HUMANA - EASTERN	710.85	415.95	1,126.80	1,767.89	1,040.31	2,808.20
	NETWORK HEALTH NORTHEAST	710.85	10.15	721.00	1,767.89	25.81	1,793.70
*	UNITEDHEALTHCARE OF WISCONSIN	710.85	148.85	859.70	1,767.89	372.51	2,140.40
	WEA TRUST - EAST	710.85	64.55	775.40	1,767.89	161.81	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	710.85	457.95	1,168.80	1,767.89	1,147.91	2,915.80
ONEIDA							
*	ARISE ASPIRUS	906.78	53.72	960.50	2,257.71	134.69	2,392.40
3	GHC OF EAU CLAIRE	906.78	65.92	972.70	2,257.71	165.19	2,422.90
	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
3	SECURITY HEALTH PLAN	906.78	99.52	1,006.30	2,257.71	249.19	2,506.90
3	STANDARD PLAN - BALANCE OF STATE	906.78	262.02	1,168.80	2,257.71	658.09	2,915.80

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IYC Local Coinsurance; No Dental - P16

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	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	711.59	292.91	1,004.50	1,769.67	732.73	2,502.40
*	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
3	HUMANA - EASTERN	711.59	415.21	1,126.80	1,769.67	1,038.53	2,808.20
	NETWORK HEALTH NORTHEAST	711.59	9.41	721.00	1,769.67	24.03	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	711.59	148.11	859.70	1,769.67	370.73	2,140.40
	WEA TRUST - EAST	711.59	63.81	775.40	1,769.67	160.03	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	711.59	457.21	1,168.80	1,769.67	1,146.13	2,915.80
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	756.50	-	756.50	1,882.40	-	1,882.40
	ARISE HEALTH PLAN	794.33	210.17	1,004.50	1,976.52	525.88	2,502.40
3	HUMANA - EASTERN	794.33	332.47	1,126.80	1,976.52	831.68	2,808.20
* ^	NETWORK HEALTH SOUTHEAST	769.30	-	769.30	1,914.40	-	1,914.40
	UNITEDHEALTHCARE OF WISCONSIN	794.33	65.37	859.70	1,976.52	163.88	2,140.40
	WEA TRUST - EAST	775.40	-	775.40	1,929.70	-	1,929.70
3	STANDARD PLAN - WAUKESHA	794.33	374.47	1,168.80	1,976.52	939.28	2,915.80
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	816.17	47.43	863.60	2,033.22	116.98	2,150.20
3	SECURITY HEALTH PLAN	816.17	190.13	1,006.30	2,033.22	473.68	2,506.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	816.17	170.93	987.10	2,033.22	425.68	2,458.90
3	STANDARD PLAN - WAUKESHA	816.17	352.63	1,168.80	2,033.22	882.58	2,915.80
	STATE MAINTENANCE PLAN	777.30	-	777.30	1,936.40	617.08	1,936.40
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	906.78	80.32	987.10	2,257.71	201.19	2,458.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	906.78	80.32	987.10	2,257.71	201.19	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	906.78	262.02	1,168.80	2,257.71	658.09	2,915.80
POLK							
	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
3	HUMANA - WESTERN	906.78	271.62	1,178.40	2,257.71	679.49	2,937.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	906.78	80.32	987.10	2,257.71	201.19	2,458.90
3	STANDARD PLAN - DANE	906.78	178.02	1,084.80	2,257.71	448.09	2,705.80
PORTAGE							
*	ARISE ASPIRUS	814.17	146.33	960.50	2,026.19	366.21	2,392.40
	HEALTHPARTNERS HEALTH PLAN	814.17	49.43	863.60	2,026.19	124.01	2,150.20
3	SECURITY HEALTH PLAN	814.17	192.13	1,006.30	2,026.19	480.71	2,506.90
	WEA TRUST - EAST	775.40	-	775.40	1,929.70	-	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	814.17	354.63	1,168.80	2,026.19	889.61	2,915.80
PRICE							
3	GHC OF EAU CLAIRE	816.17	156.53	972.70	2,033.22	389.68	2,422.90
*	HEALTHPARTNERS HEALTH PLAN	816.17	47.43	863.60	2,033.22	116.98	2,150.20
3	SECURITY HEALTH PLAN	816.17	190.13	1,006.30	2,033.22	473.68	2,506.90
3	STANDARD PLAN - BALANCE OF STATE	816.17	352.63	1,168.80	2,033.22	882.58	2,915.80
	STATE MAINTENANCE PLAN	777.30	-	777.30	1,936.40	-	1,936.40

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105% of the Low Cost Qualified Plan (LCQP)

			Single Coverage			Family Coverage		
			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
RACINE								
		ANTHEM BLUE PREFERRED SOUTHEAST	756.50	-	756.50	1,882.40	-	1,882.40
	*	ARISE HEALTH PLAN	794.33	210.17	1,004.50	1,976.52	525.88	2,502.40
	3	HUMANA - EASTERN	794.33	332.47	1,126.80	1,976.52	831.68	2,808.20
	* ^	NETWORK HEALTH SOUTHEAST	769.30	-	769.30	1,914.40	-	1,914.40
		UNITEDHEALTHCARE OF WISCONSIN	794.33	65.37	859.70	1,976.52	163.88	2,140.40
	3	STANDARD PLAN - WAUKESHA	794.33	374.47	1,168.80	1,976.52	939.28	2,915.80
RICHLAND								
		DEAN HEALTH INSURANCE	676.62	22.98	699.60	1,682.31	57.89	1,740.20
		GUNDERSEN HEALTH PLAN	676.62	85.98	762.60	1,682.31	215.39	1,897.70
		HEALTH TRADITION HEALTH PLAN	667.50	-	667.50	1,659.90	-	1,659.90
		PHYSICIANS PLUS	676.62	2.38	679.00	1,682.31	6.39	1,688.70
		UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	3	STANDARD PLAN - BALANCE OF STATE	676.62	492.18	1,168.80	1,682.31	1,233.49	2,915.80
ROCK								
		ANTHEM BLUE PREFERRED SOUTHEAST	676.62	79.88	756.50	1,682.31	200.09	1,882.40
		DEAN HEALTH INSURANCE	676.62	22.98	699.60	1,682.31	57.89	1,740.20
	3 *	HUMANA - EASTERN	676.62	450.18	1,126.80	1,682.31	1,125.89	2,808.20
		MERCYCARE HEALTH PLANS	660.00	-	660.00	1,641.20	-	1,641.20
	*	PHYSICIANS PLUS	676.62	2.38	679.00	1,682.31	6.39	1,688.70
		UNITEDHEALTHCARE OF WISCONSIN	676.62	183.08	859.70	1,682.31	458.09	2,140.40
		UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
		WEA TRUST - EAST	676.62	98.78	775.40	1,682.31	247.39	1,929.70
	3	STANDARD PLAN - BALANCE OF STATE	676.62	492.18	1,168.80	1,682.31	1,233.49	2,915.80
RUSK								
	*	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
	3	SECURITY HEALTH PLAN	1,006.30	-	1,006.30	2,506.90	-	2,506.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	987.10	-	987.10	2,458.90	-	2,458.90
	3	STANDARD PLAN - BALANCE OF STATE	1,036.46	132.34	1,168.80	2,581.85	333.95	2,915.80
SAUK								
		DEAN HEALTH INSURANCE	676.62	22.98	699.60	1,682.31	57.89	1,740.20
	*	GHC OF SOUTH CENTRAL WISCONSIN	625.00	-	625.00	1,553.70	-	1,553.70
		GUNDERSEN HEALTH PLAN	676.62	85.98	762.60	1,682.31	215.39	1,897.70
	*	HEALTH TRADITION HEALTH PLAN	667.50	-	667.50	1,659.90	-	1,659.90
		PHYSICIANS PLUS	676.62	2.38	679.00	1,682.31	6.39	1,688.70
		UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	3	STANDARD PLAN - BALANCE OF STATE	676.62	492.18	1,168.80	1,682.31	1,233.49	2,915.80
SAWYER								
	3	GHC OF EAU CLAIRE	906.78	65.92	972.70	2,257.71	165.19	2,422.90
		HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
	3	SECURITY HEALTH PLAN	906.78	99.52	1,006.30	2,257.71	249.19	2,506.90
	3	STANDARD PLAN - BALANCE OF STATE	906.78	262.02	1,168.80	2,257.71	658.09	2,915.80

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105% of the Low Cost Qualified Plan (LCQP)

			Single Coverage			Family Coverage		
			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
SHAWANO								
		ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
		ARISE HEALTH PLAN	711.59	292.91	1,004.50	1,769.67	732.73	2,502.40
	3 *	HUMANA - EASTERN	711.59	415.21	1,126.80	1,769.67	1,038.53	2,808.20
		NETWORK HEALTH NORTHEAST	711.59	9.41	721.00	1,769.67	24.03	1,793.70
		UNITEDHEALTHCARE OF WISCONSIN	711.59	148.11	859.70	1,769.67	370.73	2,140.40
		WEA TRUST - EAST	711.59	63.81	775.40	1,769.67	160.03	1,929.70
	3	STANDARD PLAN - BALANCE OF STATE	711.59	457.21	1,168.80	1,769.67	1,146.13	2,915.80
SHEBOYGAN								
		ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
		ARISE HEALTH PLAN	710.85	293.65	1,004.50	1,767.89	734.51	2,502.40
		DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
	3	HUMANA - EASTERN	710.85	415.95	1,126.80	1,767.89	1,040.31	2,808.20
		NETWORK HEALTH NORTHEAST	710.85	10.15	721.00	1,767.89	25.81	1,793.70
		UNITEDHEALTHCARE OF WISCONSIN	710.85	148.85	859.70	1,767.89	372.51	2,140.40
		WEA TRUST - EAST	710.85	64.55	775.40	1,767.89	161.81	1,929.70
	3	STANDARD PLAN - BALANCE OF STATE	710.85	457.95	1,168.80	1,767.89	1,147.91	2,915.80
ST. CROIX								
		HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
	3	HUMANA - WESTERN	906.78	271.62	1,178.40	2,257.71	679.49	2,937.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	906.78	80.32	987.10	2,257.71	201.19	2,458.90
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	906.78	80.32	987.10	2,257.71	201.19	2,458.90
	3	STANDARD PLAN - DANE	906.78	178.02	1,084.80	2,257.71	448.09	2,705.80
TAYLOR								
		ARISE ASPIRUS	960.50	-	960.50	2,392.40	-	2,392.40
	3	GHC OF EAU CLAIRE	972.70	-	972.70	2,422.90	-	2,422.90
	*	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
	3	SECURITY HEALTH PLAN	1,006.30	-	1,006.30	2,506.90	-	2,506.90
	3	STANDARD PLAN - BALANCE OF STATE	1,008.53	160.27	1,168.80	2,512.02	403.78	2,915.80
TREMPEALEAU								
		GUNDERSEN HEALTH PLAN	762.60	-	762.60	1,897.70	-	1,897.70
	*	HEALTH TRADITION HEALTH PLAN	667.50	-	667.50	1,659.90	-	1,659.90
	*	HEALTHPARTNERS HEALTH PLAN	800.73	62.87	863.60	1,992.59	157.61	2,150.20
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	800.73	186.37	987.10	1,992.59	466.31	2,458.90
	3	STANDARD PLAN - BALANCE OF STATE	800.73	368.07	1,168.80	1,992.59	923.21	2,915.80
VERNON								
	*	DEAN HEALTH INSURANCE	676.62	22.98	699.60	1,682.31	57.89	1,740.20
		GUNDERSEN HEALTH PLAN	676.62	85.98	762.60	1,682.31	215.39	1,897.70
		HEALTH TRADITION HEALTH PLAN	667.50	-	667.50	1,659.90	-	1,659.90
		HEALTHPARTNERS HEALTH PLAN	676.62	186.98	863.60	1,682.31	467.89	2,150.20
	*	PHYSICIANS PLUS	676.62	2.38	679.00	1,682.31	6.39	1,688.70
		UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	3	STANDARD PLAN - BALANCE OF STATE	676.62	492.18	1,168.80	1,682.31	1,233.49	2,915.80

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 Coinsurance; No Dental - P16

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	816.17	144.33	960.50	2,033.22	359.18	2,392.40
3	GHC OF EAU CLAIRE	816.17	156.53	972.70	2,033.22	389.68	2,422.90
*	HEALTHPARTNERS HEALTH PLAN	816.17	47.43	863.60	2,033.22	116.98	2,150.20
3	SECURITY HEALTH PLAN	816.17	190.13	1,006.30	2,033.22	473.68	2,506.90
3	STANDARD PLAN - BALANCE OF STATE	816.17	352.63	1,168.80	2,033.22	882.58	2,915.80
	STATE MAINTENANCE PLAN	777.30	-	777.30	1,936.40	-	1,936.40
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	676.62	79.88	756.50	1,682.31	200.09	1,882.40
	ARISE HEALTH PLAN	676.62	327.88	1,004.50	1,682.31	820.09	2,502.40
*	DEAN HEALTH INSURANCE	676.62	22.98	699.60	1,682.31	57.89	1,740.20
3	HUMANA - EASTERN	676.62	450.18	1,126.80	1,682.31	1,125.89	2,808.20
	MERCYCARE HEALTH PLANS	660.00	-	660.00	1,641.20	-	1,641.20
*	PHYSICIANS PLUS	676.62	2.38	679.00	1,682.31	6.39	1,688.70
	UNITEDHEALTHCARE OF WISCONSIN	676.62	183.08	859.70	1,682.31	458.09	2,140.40
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	WEA TRUST - EAST	676.62	98.78	775.40	1,682.31	247.39	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	676.62	492.18	1,168.80	1,682.31	1,233.49	2,915.80
WASHBURN							
3	GHC OF EAU CLAIRE	906.78	65.92	972.70	2,257.71	165.19	2,422.90
	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
3	SECURITY HEALTH PLAN	906.78	99.52	1,006.30	2,257.71	249.19	2,506.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	906.78	80.32	987.10	2,257.71	201.19	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	906.78	262.02	1,168.80	2,257.71	658.09	2,915.80
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	756.50	-	756.50	1,882.40	-	1,882.40
	ARISE HEALTH PLAN	794.33	210.17	1,004.50	1,976.52	525.88	2,502.40
3	HUMANA - EASTERN	794.33	332.47	1,126.80	1,976.52	831.68	2,808.20
* ^	NETWORK HEALTH SOUTHEAST	769.30	-	769.30	1,914.40	-	1,914.40
	UNITEDHEALTHCARE OF WISCONSIN	794.33	65.37	859.70	1,976.52	163.88	2,140.40
	WEA TRUST - EAST	775.40	-	775.40	1,929.70	-	1,929.70
3	STANDARD PLAN - WAUKESHA	794.33	374.47	1,168.80	1,976.52	939.28	2,915.80
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	676.62	79.88	756.50	1,682.31	200.09	1,882.40
	ARISE HEALTH PLAN	676.62	327.88	1,004.50	1,682.31	820.09	2,502.40
	DEAN HEALTH INSURANCE	676.62	22.98	699.60	1,682.31	57.89	1,740.20
3	HUMANA - EASTERN	676.62	450.18	1,126.80	1,682.31	1,125.89	2,808.20
* ^	NETWORK HEALTH SOUTHEAST	676.62	92.68	769.30	1,682.31	232.09	1,914.40
*	PHYSICIANS PLUS	676.62	2.38	679.00	1,682.31	6.39	1,688.70
	UNITEDHEALTHCARE OF WISCONSIN	676.62	183.08	859.70	1,682.31	458.09	2,140.40
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	WEA TRUST - EAST	676.62	98.78	775.40	1,682.31	247.39	1,929.70
3	STANDARD PLAN - WAUKESHA	676.62	492.18	1,168.80	1,682.31	1,233.49	2,915.80

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IYC Local Coinsurance; No Dental - P16

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	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	711.59	292.91	1,004.50	1,769.67	732.73	2,502.40
3	HUMANA - EASTERN	711.59	415.21	1,126.80	1,769.67	1,038.53	2,808.20
	NETWORK HEALTH NORTHEAST	711.59	9.41	721.00	1,769.67	24.03	1,793.70
3	SECURITY HEALTH PLAN	711.59	294.71	1,006.30	1,769.67	737.23	2,506.90
	UNITEDHEALTHCARE OF WISCONSIN	711.59	148.11	859.70	1,769.67	370.73	2,140.40
	WEA TRUST - EAST	711.59	63.81	775.40	1,769.67	160.03	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	711.59	457.21	1,168.80	1,769.67	1,146.13	2,915.80
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
*	ARISE HEALTH PLAN	711.59	292.91	1,004.50	1,769.67	732.73	2,502.40
3	HUMANA - EASTERN	711.59	415.21	1,126.80	1,769.67	1,038.53	2,808.20
	NETWORK HEALTH NORTHEAST	711.59	9.41	721.00	1,769.67	24.03	1,793.70
	PHYSICIANS PLUS	679.00	-	679.00	1,688.70	-	1,688.70
3	SECURITY HEALTH PLAN	711.59	294.71	1,006.30	1,769.67	737.23	2,506.90
	UNITEDHEALTHCARE OF WISCONSIN	711.59	148.11	859.70	1,769.67	370.73	2,140.40
	WEA TRUST - EAST	711.59	63.81	775.40	1,769.67	160.03	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	711.59	457.21	1,168.80	1,769.67	1,146.13	2,915.80
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	711.59	292.91	1,004.50	1,769.67	732.73	2,502.40
3	HUMANA - EASTERN	711.59	415.21	1,126.80	1,769.67	1,038.53	2,808.20
	NETWORK HEALTH NORTHEAST	711.59	9.41	721.00	1,769.67	24.03	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	711.59	148.11	859.70	1,769.67	370.73	2,140.40
	WEA TRUST - EAST	711.59	63.81	775.40	1,769.67	160.03	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	711.59	457.21	1,168.80	1,769.67	1,146.13	2,915.80
WOOD							
	ARISE ASPIRUS	960.50	-	960.50	2,392.40	-	2,392.40
*	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
*	PHYSICIANS PLUS	679.00	-	679.00	1,688.70	-	1,688.70
3	SECURITY HEALTH PLAN	1,006.30	-	1,006.30	2,506.90	-	2,506.90
*	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
*	WEA TRUST - EAST	775.40	-	775.40	1,929.70	-	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	1,008.53	160.27	1,168.80	2,512.02	403.78	2,915.80