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 Coinsurance; No Dental - P16

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	615.65	83.95	699.60	1,531.38	208.82	1,740.20
	PHYSICIANS PLUS	615.65	63.35	679.00	1,531.38	157.32	1,688.70
3	SECURITY HEALTH PLAN	615.65	390.65	1,006.30	1,531.38	975.52	2,506.90
	UNITY HEALTH INSURANCE - COMMUNITY	615.65	28.75	644.40	1,531.38	70.82	1,602.20
	WEA TRUST - EAST	615.65	159.75	775.40	1,531.38	398.32	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	615.65	553.15	1,168.80	1,531.38	1,384.42	2,915.80
ASHLAND							
3	GHC OF EAU CLAIRE	814.31	158.39	972.70	2,028.00	394.90	2,422.90
	HEALTHPARTNERS HEALTH PLAN	814.31	49.29	863.60	2,028.00	122.20	2,150.20
3	SECURITY HEALTH PLAN	814.31	191.99	1,006.30	2,028.00	478.90	2,506.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	814.31	172.79	987.10	2,028.00	430.90	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	814.31	354.49	1,168.80	2,028.00	887.80	2,915.80
BARRON							
	HEALTHPARTNERS HEALTH PLAN	832.42	31.18	863.60	2,073.28	76.92	2,150.20
3	HUMANA - WESTERN	832.42	345.98	1,178.40	2,073.28	863.92	2,937.20
3	SECURITY HEALTH PLAN	832.42	173.88	1,006.30	2,073.28	433.62	2,506.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	832.42	154.68	987.10	2,073.28	385.62	2,458.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	832.42	154.68	987.10	2,073.28	385.62	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	832.42	336.38	1,168.80	2,073.28	842.52	2,915.80
BAYFIELD							
3 *	GHC OF EAU CLAIRE	684.02	288.68	972.70	1,704.03	718.87	2,422.90
3 *	SECURITY HEALTH PLAN	684.02	322.28	1,006.30	1,704.03	802.87	2,506.90
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	684.02	303.08	987.10	1,704.03	754.87	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	684.02	484.78	1,168.80	1,704.03	1,211.77	2,915.80
	STATE MAINTENANCE PLAN	684.02	93.28	777.30	1,704.03	232.37	1,936.40
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	691.58	312.92	1,004.50	1,721.18	781.22	2,502.40
	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
3	HUMANA - EASTERN	691.58	435.22	1,126.80	1,721.18	1,087.02	2,808.20
	NETWORK HEALTH NORTHEAST	691.58	29.42	721.00	1,721.18	72.52	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	691.58	168.12	859.70	1,721.18	419.22	2,140.40
	WEA TRUST - EAST	691.58	83.82	775.40	1,721.18	208.52	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	691.58	477.22	1,168.80	1,721.18	1,194.62	2,915.80
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	667.50	-	667.50	1,659.90	-	1,659.90
3	STANDARD PLAN - BALANCE OF STATE	684.02	484.78	1,168.80	1,704.03	1,211.77	2,915.80
	STATE MAINTENANCE PLAN	684.02	93.28	777.30	1,704.03	232.37	1,936.40
BURNETT							
3	GHC OF EAU CLAIRE	759.97	212.73	972.70	1,892.18	530.72	2,422.90
	HEALTHPARTNERS HEALTH PLAN	759.97	103.63	863.60	1,892.18	258.02	2,150.20
3	SECURITY HEALTH PLAN	759.97	246.33	1,006.30	1,892.18	614.72	2,506.90
3	STANDARD PLAN - BALANCE OF STATE	759.97	408.83	1,168.80	1,892.18	1,023.62	2,915.80

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IYC Local Coinsurance; No Dental - P16

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
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	662.46	15.24	677.70	1,648.39	37.01	1,685.40
*	ARISE HEALTH PLAN	662.46	342.04	1,004.50	1,648.39	854.01	2,502.40
3 *	HUMANA - EASTERN	662.46	464.34	1,126.80	1,648.39	1,159.81	2,808.20
	NETWORK HEALTH NORTHEAST	662.46	58.54	721.00	1,648.39	145.31	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	662.46	197.24	859.70	1,648.39	492.01	2,140.40
*	WEA TRUST - EAST	662.46	112.94	775.40	1,648.39	281.31	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	662.46	506.34	1,168.80	1,648.39	1,267.41	2,915.80
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	762.60	-	762.60	1,897.70	-	1,897.70
	HEALTHPARTNERS HEALTH PLAN	792.09	71.51	863.60	1,972.45	177.75	2,150.20
3	HUMANA - WESTERN	792.09	386.31	1,178.40	1,972.45	964.75	2,937.20
3	SECURITY HEALTH PLAN	792.09	214.21	1,006.30	1,972.45	534.45	2,506.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	792.09	195.01	987.10	1,972.45	486.45	2,458.90
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	792.09	195.01	987.10	1,972.45	486.45	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	792.09	376.71	1,168.80	1,972.45	943.35	2,915.80
CLARK							
*	ARISE ASPIRUS	766.57	193.93	960.50	1,908.66	483.74	2,392.40
3	GHC OF EAU CLAIRE	766.57	206.13	972.70	1,908.66	514.24	2,422.90
	GUNDERSEN HEALTH PLAN	762.60	-	762.60	1,897.70	-	1,897.70
	HEALTHPARTNERS HEALTH PLAN	766.57	97.03	863.60	1,908.66	241.54	2,150.20
3	SECURITY HEALTH PLAN	766.57	239.73	1,006.30	1,908.66	598.24	2,506.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	766.57	220.53	987.10	1,908.66	550.24	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	766.57	402.23	1,168.80	1,908.66	1,007.14	2,915.80
COLUMBIA							
	DEAN HEALTH INSURANCE	602.52	97.08	699.60	1,498.55	241.65	1,740.20
	GHC OF SOUTH CENTRAL WISCONSIN	602.52	22.48	625.00	1,498.55	55.15	1,553.70
	PHYSICIANS PLUS	602.52	76.48	679.00	1,498.55	190.15	1,688.70
	UNITY HEALTH INSURANCE - COMMUNITY	602.52	41.88	644.40	1,498.55	103.65	1,602.20
	WEA TRUST - EAST	602.52	172.88	775.40	1,498.55	431.15	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	602.52	566.28	1,168.80	1,498.55	1,417.25	2,915.80
CRAWFORD							
	GUNDERSEN HEALTH PLAN	642.99	119.61	762.60	1,599.73	297.97	1,897.70
	HEALTH TRADITION HEALTH PLAN	642.99	24.51	667.50	1,599.73	60.17	1,659.90
	HEALTHPARTNERS HEALTH PLAN	642.99	220.61	863.60	1,599.73	550.47	2,150.20
	MEDICAL ASSOCIATES HEALTH PLANS	629.00	-	629.00	1,563.70	-	1,563.70
*	UNITY HEALTH INSURANCE - COMMUNITY	642.99	1.41	644.40	1,599.73	2.47	1,602.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	642.99	344.11	987.10	1,599.73	859.17	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	642.99	525.81	1,168.80	1,599.73	1,316.07	2,915.80
DANE							
	DEAN HEALTH INSURANCE	560.68	138.92	699.60	1,393.96	346.24	1,740.20
	GHC OF SOUTH CENTRAL WISCONSIN	560.68	64.32	625.00	1,393.96	159.74	1,553.70
	PHYSICIANS PLUS	560.68	118.32	679.00	1,393.96	294.74	1,688.70
	UNITY HEALTH INSURANCE - UW HEALTH	560.68	28.82	589.50	1,393.96	70.94	1,464.90
	WEA TRUST - SOUTH CENTRAL	560.68	31.92	592.60	1,393.96	78.74	1,472.70
3	STANDARD PLAN - DANE	560.68	524.12	1,084.80	1,393.96	1,311.84	2,705.80

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IYC Local Coinsurance; No Dental - P16

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
DODGE								
		ANTHEM BLUE PREFERRED SOUTHEAST	645.62	110.88	756.50	1,606.29	276.11	1,882.40
	*	ARISE HEALTH PLAN	645.62	358.88	1,004.50	1,606.29	896.11	2,502.40
		DEAN HEALTH INSURANCE	645.62	53.98	699.60	1,606.29	133.91	1,740.20
	3	HUMANA - EASTERN	645.62	481.18	1,126.80	1,606.29	1,201.91	2,808.20
		NETWORK HEALTH NORTHEAST	645.62	75.38	721.00	1,606.29	187.41	1,793.70
		PHYSICIANS PLUS	645.62	33.38	679.00	1,606.29	82.41	1,688.70
		UNITEDHEALTHCARE OF WISCONSIN	645.62	214.08	859.70	1,606.29	534.11	2,140.40
		UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
		WEA TRUST - EAST	645.62	129.78	775.40	1,606.29	323.41	1,929.70
	3	STANDARD PLAN - BALANCE OF STATE	645.62	523.18	1,168.80	1,606.29	1,309.51	2,915.80
DOOR								
		ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
		ARISE HEALTH PLAN	710.74	293.76	1,004.50	1,769.08	733.32	2,502.40
	*	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
	3 *	HUMANA - EASTERN	710.74	416.06	1,126.80	1,769.08	1,039.12	2,808.20
		NETWORK HEALTH NORTHEAST	710.74	10.26	721.00	1,769.08	24.62	1,793.70
		UNITEDHEALTHCARE OF WISCONSIN	710.74	148.96	859.70	1,769.08	371.32	2,140.40
		WEA TRUST - EAST	710.74	64.66	775.40	1,769.08	160.62	1,929.70
	3	STANDARD PLAN - BALANCE OF STATE	710.74	458.06	1,168.80	1,769.08	1,146.72	2,915.80
DOUGLAS								
	3	GHC OF EAU CLAIRE	814.31	158.39	972.70	2,028.00	394.90	2,422.90
		HEALTHPARTNERS HEALTH PLAN	814.31	49.29	863.60	2,028.00	122.20	2,150.20
	3	SECURITY HEALTH PLAN	814.31	191.99	1,006.30	2,028.00	478.90	2,506.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	814.31	172.79	987.10	2,028.00	430.90	2,458.90
	3	STANDARD PLAN - BALANCE OF STATE	814.31	354.49	1,168.80	2,028.00	887.80	2,915.80
DUNN								
	3	HUMANA - WESTERN	868.65	309.75	1,178.40	2,163.83	773.37	2,937.20
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	868.65	118.45	987.10	2,163.83	295.07	2,458.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	868.65	118.45	987.10	2,163.83	295.07	2,458.90
	3	STANDARD PLAN - BALANCE OF STATE	868.65	300.15	1,168.80	2,163.83	751.97	2,915.80
EAU CLAIRE								
		GUNDERSEN HEALTH PLAN	762.60	-	762.60	1,897.70	-	1,897.70
		HEALTHPARTNERS HEALTH PLAN	792.09	71.51	863.60	1,972.45	177.75	2,150.20
	3	HUMANA - WESTERN	792.09	386.31	1,178.40	1,972.45	964.75	2,937.20
	3	SECURITY HEALTH PLAN	792.09	214.21	1,006.30	1,972.45	534.45	2,506.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	792.09	195.01	987.10	1,972.45	486.45	2,458.90
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	792.09	195.01	987.10	1,972.45	486.45	2,458.90
	3	STANDARD PLAN - BALANCE OF STATE	792.09	376.71	1,168.80	1,972.45	943.35	2,915.80
FLORENCE								
	*	ARISE ASPIRUS	684.02	276.48	960.50	1,704.03	688.37	2,392.40
	3	STANDARD PLAN - BALANCE OF STATE	684.02	484.78	1,168.80	1,704.03	1,211.77	2,915.80
		STATE MAINTENANCE PLAN	684.02	93.28	777.30	1,704.03	232.37	1,936.40

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IYC Local Coinsurance; No Dental - P16

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
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	675.68	2.02	677.70	1,681.43	3.97	1,685.40
	ARISE HEALTH PLAN	675.68	328.82	1,004.50	1,681.43	820.97	2,502.40
	DEAN HEALTH INSURANCE	675.68	23.92	699.60	1,681.43	58.77	1,740.20
3	HUMANA - EASTERN	675.68	451.12	1,126.80	1,681.43	1,126.77	2,808.20
	NETWORK HEALTH NORTHEAST	675.68	45.32	721.00	1,681.43	112.27	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	675.68	184.02	859.70	1,681.43	458.97	2,140.40
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
3	STANDARD PLAN - BALANCE OF STATE	675.68	493.12	1,168.80	1,681.43	1,234.37	2,915.80
FOREST							
*	ARISE ASPIRUS	684.02	276.48	960.50	1,704.03	688.37	2,392.40
3 *	SECURITY HEALTH PLAN	684.02	322.28	1,006.30	1,704.03	802.87	2,506.90
3	STANDARD PLAN - BALANCE OF STATE	684.02	484.78	1,168.80	1,704.03	1,211.77	2,915.80
	STATE MAINTENANCE PLAN	684.02	93.28	777.30	1,704.03	232.37	1,936.40
GRANT							
	DEAN HEALTH INSURANCE	600.97	98.63	699.60	1,494.68	245.52	1,740.20
	GUNDERSEN HEALTH PLAN	600.97	161.63	762.60	1,494.68	403.02	1,897.70
*	HEALTH TRADITION HEALTH PLAN	600.97	66.53	667.50	1,494.68	165.22	1,659.90
*	HEALTHPARTNERS HEALTH PLAN	600.97	262.63	863.60	1,494.68	655.52	2,150.20
	MEDICAL ASSOCIATES HEALTH PLANS	600.97	28.03	629.00	1,494.68	69.02	1,563.70
	PHYSICIANS PLUS	600.97	78.03	679.00	1,494.68	194.02	1,688.70
	UNITY HEALTH INSURANCE - COMMUNITY	600.97	43.43	644.40	1,494.68	107.52	1,602.20
3	STANDARD PLAN - DANE	600.97	483.83	1,084.80	1,494.68	1,211.12	2,705.80
GREEN							
	DEAN HEALTH INSURANCE	591.36	108.24	699.60	1,470.66	269.54	1,740.20
*	MERCYCARE HEALTH PLANS	591.36	68.64	660.00	1,470.66	170.54	1,641.20
	UNITY HEALTH INSURANCE - COMMUNITY	591.36	53.04	644.40	1,470.66	131.54	1,602.20
3	STANDARD PLAN - BALANCE OF STATE	591.36	577.44	1,168.80	1,470.66	1,445.14	2,915.80
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	667.44	10.26	677.70	1,660.82	24.58	1,685.40
*	ARISE HEALTH PLAN	667.44	337.06	1,004.50	1,660.82	841.58	2,502.40
*	DEAN HEALTH INSURANCE	667.44	32.16	699.60	1,660.82	79.38	1,740.20
3	HUMANA - EASTERN	667.44	459.36	1,126.80	1,660.82	1,147.38	2,808.20
	NETWORK HEALTH NORTHEAST	667.44	53.56	721.00	1,660.82	132.88	1,793.70
*	PHYSICIANS PLUS	667.44	11.56	679.00	1,660.82	27.88	1,688.70
	UNITEDHEALTHCARE OF WISCONSIN	667.44	192.26	859.70	1,660.82	479.58	2,140.40
	WEA TRUST - EAST	667.44	107.96	775.40	1,660.82	268.88	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	667.44	501.36	1,168.80	1,660.82	1,254.98	2,915.80
IOWA							
	DEAN HEALTH INSURANCE	583.44	116.16	699.60	1,450.86	289.34	1,740.20
	MEDICAL ASSOCIATES HEALTH PLANS	583.44	45.56	629.00	1,450.86	112.84	1,563.70
	PHYSICIANS PLUS	583.44	95.56	679.00	1,450.86	237.84	1,688.70
	UNITY HEALTH INSURANCE - COMMUNITY	583.44	60.96	644.40	1,450.86	151.34	1,602.20
3	STANDARD PLAN - BALANCE OF STATE	583.44	585.36	1,168.80	1,450.86	1,464.94	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	684.02	288.68	972.70	1,704.03	718.87	2,422.90
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	684.02	303.08	987.10	1,704.03	754.87	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	684.02	484.78	1,168.80	1,704.03	1,211.77	2,915.80
	STATE MAINTENANCE PLAN	684.02	93.28	777.30	1,704.03	232.37	1,936.40
JACKSON							
	GUNDERSEN HEALTH PLAN	721.78	40.82	762.60	1,796.67	101.03	1,897.70
	HEALTH TRADITION HEALTH PLAN	667.50	-	667.50	1,659.90	-	1,659.90
	HEALTHPARTNERS HEALTH PLAN	721.78	141.82	863.60	1,796.67	353.53	2,150.20
3	SECURITY HEALTH PLAN	721.78	284.52	1,006.30	1,796.67	710.23	2,506.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	721.78	265.32	987.10	1,796.67	662.23	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	721.78	447.02	1,168.80	1,796.67	1,119.13	2,915.80
JEFFERSON							
	ANTHEM BLUE PREFERRED SOUTHEAST	630.55	125.95	756.50	1,568.61	313.79	1,882.40
	DEAN HEALTH INSURANCE	630.55	69.05	699.60	1,568.61	171.59	1,740.20
3	HUMANA - EASTERN	630.55	496.25	1,126.80	1,568.61	1,239.59	2,808.20
	MERCYCARE HEALTH PLANS	630.55	29.45	660.00	1,568.61	72.59	1,641.20
	PHYSICIANS PLUS	630.55	48.45	679.00	1,568.61	120.09	1,688.70
	UNITEDHEALTHCARE OF WISCONSIN	630.55	229.15	859.70	1,568.61	571.79	2,140.40
	UNITY HEALTH INSURANCE - COMMUNITY	630.55	13.85	644.40	1,568.61	33.59	1,602.20
3	STANDARD PLAN - DANE	630.55	454.25	1,084.80	1,568.61	1,137.19	2,705.80
JUNEAU							
*	ARISE ASPIRUS	621.09	339.41	960.50	1,544.96	847.44	2,392.40
*	DEAN HEALTH INSURANCE	621.09	78.51	699.60	1,544.96	195.24	1,740.20
	GUNDERSEN HEALTH PLAN	621.09	141.51	762.60	1,544.96	352.74	1,897.70
	HEALTH TRADITION HEALTH PLAN	621.09	46.41	667.50	1,544.96	114.94	1,659.90
	PHYSICIANS PLUS	621.09	57.91	679.00	1,544.96	143.74	1,688.70
3	SECURITY HEALTH PLAN	621.09	385.21	1,006.30	1,544.96	961.94	2,506.90
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	WEA TRUST - EAST	621.09	154.31	775.40	1,544.96	384.74	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	621.09	547.71	1,168.80	1,544.96	1,370.84	2,915.80
KENOSHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	756.50	-	756.50	1,882.40	-	1,882.40
	ARISE HEALTH PLAN	768.74	235.76	1,004.50	1,914.06	588.34	2,502.40
3	HUMANA - EASTERN	768.74	358.06	1,126.80	1,914.06	894.14	2,808.20
	UNITEDHEALTHCARE OF WISCONSIN	768.74	90.96	859.70	1,914.06	226.34	2,140.40
3	STANDARD PLAN - WAUKESHA	768.74	400.06	1,168.80	1,914.06	1,001.74	2,915.80
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	729.81	274.69	1,004.50	1,816.74	685.66	2,502.40
*	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
*	NETWORK HEALTH NORTHEAST	721.00	-	721.00	1,793.70	-	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	729.81	129.89	859.70	1,816.74	323.66	2,140.40
	WEA TRUST - EAST	729.81	45.59	775.40	1,816.74	112.96	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	729.81	438.99	1,168.80	1,816.74	1,099.06	2,915.80

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 Coinsurance; No Dental - P16

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	721.78	40.82	762.60	1,796.67	101.03	1,897.70
	HEALTH TRADITION HEALTH PLAN	667.50	-	667.50	1,659.90	-	1,659.90
	HEALTHPARTNERS HEALTH PLAN	721.78	141.82	863.60	1,796.67	353.53	2,150.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	721.78	265.32	987.10	1,796.67	662.23	2,458.90
3	STANDARD PLAN - DANE	721.78	363.02	1,084.80	1,796.67	909.13	2,705.80
LAFAYETTE							
*	DEAN HEALTH INSURANCE	597.52	102.08	699.60	1,486.06	254.14	1,740.20
*	MEDICAL ASSOCIATES HEALTH PLANS	597.52	31.48	629.00	1,486.06	77.64	1,563.70
	PHYSICIANS PLUS	597.52	81.48	679.00	1,486.06	202.64	1,688.70
*	UNITY HEALTH INSURANCE - COMMUNITY	597.52	46.88	644.40	1,486.06	116.14	1,602.20
3	STANDARD PLAN - BALANCE OF STATE	597.52	571.28	1,168.80	1,486.06	1,429.74	2,915.80
LANGLADE							
	ARISE ASPIRUS	845.24	115.26	960.50	2,105.31	287.09	2,392.40
3	GHC OF EAU CLAIRE	845.24	127.46	972.70	2,105.31	317.59	2,422.90
*	HEALTHPARTNERS HEALTH PLAN	845.24	18.36	863.60	2,105.31	44.89	2,150.20
3	SECURITY HEALTH PLAN	845.24	161.06	1,006.30	2,105.31	401.59	2,506.90
3	STANDARD PLAN - BALANCE OF STATE	845.24	323.56	1,168.80	2,105.31	810.49	2,915.80
LINCOLN							
*	ARISE ASPIRUS	759.97	200.53	960.50	1,892.18	500.22	2,392.40
3	GHC OF EAU CLAIRE	759.97	212.73	972.70	1,892.18	530.72	2,422.90
	HEALTHPARTNERS HEALTH PLAN	759.97	103.63	863.60	1,892.18	258.02	2,150.20
3	SECURITY HEALTH PLAN	759.97	246.33	1,006.30	1,892.18	614.72	2,506.90
3	STANDARD PLAN - BALANCE OF STATE	759.97	408.83	1,168.80	1,892.18	1,023.62	2,915.80
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	691.58	312.92	1,004.50	1,721.18	781.22	2,502.40
	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
3	HUMANA - EASTERN	691.58	435.22	1,126.80	1,721.18	1,087.02	2,808.20
	NETWORK HEALTH NORTHEAST	691.58	29.42	721.00	1,721.18	72.52	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	691.58	168.12	859.70	1,721.18	419.22	2,140.40
	WEA TRUST - EAST	691.58	83.82	775.40	1,721.18	208.52	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	691.58	477.22	1,168.80	1,721.18	1,194.62	2,915.80
MARATHON							
	ARISE ASPIRUS	762.52	197.98	960.50	1,898.54	493.86	2,392.40
3	GHC OF EAU CLAIRE	762.52	210.18	972.70	1,898.54	524.36	2,422.90
	HEALTHPARTNERS HEALTH PLAN	762.52	101.08	863.60	1,898.54	251.66	2,150.20
3	SECURITY HEALTH PLAN	762.52	243.78	1,006.30	1,898.54	608.36	2,506.90
	WEA TRUST - EAST	762.52	12.88	775.40	1,898.54	31.16	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	762.52	406.28	1,168.80	1,898.54	1,017.26	2,915.80
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	745.62	258.88	1,004.50	1,856.27	646.13	2,502.40
*	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
3	HUMANA - EASTERN	745.62	381.18	1,126.80	1,856.27	951.93	2,808.20
	UNITEDHEALTHCARE OF WISCONSIN	745.62	114.08	859.70	1,856.27	284.13	2,140.40
3	STANDARD PLAN - BALANCE OF STATE	745.62	423.18	1,168.80	1,856.27	1,059.53	2,915.80

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IYC Local Coinsurance; No Dental - P16

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	639.94	59.66	699.60	1,592.10	148.10	1,740.20
*	NETWORK HEALTH NORTHEAST	639.94	81.06	721.00	1,592.10	201.60	1,793.70
	PHYSICIANS PLUS	639.94	39.06	679.00	1,592.10	96.60	1,688.70
*	UNITEDHEALTHCARE OF WISCONSIN	639.94	219.76	859.70	1,592.10	548.30	2,140.40
*	UNITY HEALTH INSURANCE - COMMUNITY	639.94	4.46	644.40	1,592.10	10.10	1,602.20
	WEA TRUST - EAST	639.94	135.46	775.40	1,592.10	337.60	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	639.94	528.86	1,168.80	1,592.10	1,323.70	2,915.80
MENOMINEE							
*	WEA TRUST - EAST	684.02	91.38	775.40	1,704.03	225.67	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	684.02	484.78	1,168.80	1,704.03	1,211.77	2,915.80
	STATE MAINTENANCE PLAN	684.02	93.28	777.30	1,704.03	232.37	1,936.40
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	747.14	9.36	756.50	1,860.08	22.32	1,882.40
	ARISE HEALTH PLAN	747.14	257.36	1,004.50	1,860.08	642.32	2,502.40
3	HUMANA - EASTERN	747.14	379.66	1,126.80	1,860.08	948.12	2,808.20
* ^	NETWORK HEALTH SOUTHEAST	747.14	22.16	769.30	1,860.08	54.32	1,914.40
	UNITEDHEALTHCARE OF WISCONSIN	747.14	112.56	859.70	1,860.08	280.32	2,140.40
	WEA TRUST - EAST	747.14	28.26	775.40	1,860.08	69.62	1,929.70
3	STANDARD PLAN - MILWAUKEE	747.14	516.06	1,263.20	1,860.08	1,291.72	3,151.80
MONROE							
	GUNDERSEN HEALTH PLAN	672.82	89.78	762.60	1,674.29	223.41	1,897.70
	HEALTH TRADITION HEALTH PLAN	667.50	-	667.50	1,659.90	-	1,659.90
	HEALTHPARTNERS HEALTH PLAN	672.82	190.78	863.60	1,674.29	475.91	2,150.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	672.82	314.28	987.10	1,674.29	784.61	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	672.82	495.98	1,168.80	1,674.29	1,241.51	2,915.80
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	678.59	325.91	1,004.50	1,688.70	813.70	2,502.40
	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
3	HUMANA - EASTERN	678.59	448.21	1,126.80	1,688.70	1,119.50	2,808.20
	NETWORK HEALTH NORTHEAST	678.59	42.41	721.00	1,688.70	105.00	1,793.70
*	UNITEDHEALTHCARE OF WISCONSIN	678.59	181.11	859.70	1,688.70	451.70	2,140.40
	WEA TRUST - EAST	678.59	96.81	775.40	1,688.70	241.00	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	678.59	490.21	1,168.80	1,688.70	1,227.10	2,915.80
ONEIDA							
*	ARISE ASPIRUS	759.97	200.53	960.50	1,892.18	500.22	2,392.40
3	GHC OF EAU CLAIRE	759.97	212.73	972.70	1,892.18	530.72	2,422.90
	HEALTHPARTNERS HEALTH PLAN	759.97	103.63	863.60	1,892.18	258.02	2,150.20
3	SECURITY HEALTH PLAN	759.97	246.33	1,006.30	1,892.18	614.72	2,506.90
3	STANDARD PLAN - BALANCE OF STATE	759.97	408.83	1,168.80	1,892.18	1,023.62	2,915.80

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IYC Local Coinsurance; No Dental - P16

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	677.70	-	677.70	1,685.40	-	1,685.40
		ARISE HEALTH PLAN	710.74	293.76	1,004.50	1,769.08	733.32	2,502.40
	*	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
	3	HUMANA - EASTERN	710.74	416.06	1,126.80	1,769.08	1,039.12	2,808.20
		NETWORK HEALTH NORTHEAST	710.74	10.26	721.00	1,769.08	24.62	1,793.70
		UNITEDHEALTHCARE OF WISCONSIN	710.74	148.96	859.70	1,769.08	371.32	2,140.40
		WEA TRUST - EAST	710.74	64.66	775.40	1,769.08	160.62	1,929.70
	3	STANDARD PLAN - BALANCE OF STATE	710.74	458.06	1,168.80	1,769.08	1,146.72	2,915.80
OZAUKEE								
		ANTHEM BLUE PREFERRED SOUTHEAST	747.14	9.36	756.50	1,860.08	22.32	1,882.40
		ARISE HEALTH PLAN	747.14	257.36	1,004.50	1,860.08	642.32	2,502.40
	3	HUMANA - EASTERN	747.14	379.66	1,126.80	1,860.08	948.12	2,808.20
	* ^	NETWORK HEALTH SOUTHEAST	747.14	22.16	769.30	1,860.08	54.32	1,914.40
		UNITEDHEALTHCARE OF WISCONSIN	747.14	112.56	859.70	1,860.08	280.32	2,140.40
		WEA TRUST - EAST	747.14	28.26	775.40	1,860.08	69.62	1,929.70
	3	STANDARD PLAN - WAUKESHA	747.14	421.66	1,168.80	1,860.08	1,055.72	2,915.80
PEPIN								
	*	HEALTHPARTNERS HEALTH PLAN	684.02	179.58	863.60	1,704.03	446.17	2,150.20
	3 *	SECURITY HEALTH PLAN	684.02	322.28	1,006.30	1,704.03	802.87	2,506.90
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	684.02	303.08	987.10	1,704.03	754.87	2,458.90
	3	STANDARD PLAN - WAUKESHA	684.02	484.78	1,168.80	1,704.03	1,211.77	2,915.80
		STATE MAINTENANCE PLAN	684.02	93.28	777.30	1,704.03	232.37	1,936.40
PIERCE								
		HEALTHPARTNERS HEALTH PLAN	814.31	49.29	863.60	2,028.00	122.20	2,150.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	814.31	172.79	987.10	2,028.00	430.90	2,458.90
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	814.31	172.79	987.10	2,028.00	430.90	2,458.90
	3	STANDARD PLAN - BALANCE OF STATE	814.31	354.49	1,168.80	2,028.00	887.80	2,915.80
POLK								
		HEALTHPARTNERS HEALTH PLAN	814.31	49.29	863.60	2,028.00	122.20	2,150.20
	3	HUMANA - WESTERN	814.31	364.09	1,178.40	2,028.00	909.20	2,937.20
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	814.31	172.79	987.10	2,028.00	430.90	2,458.90
	3	STANDARD PLAN - DANE	814.31	270.49	1,084.80	2,028.00	677.80	2,705.80
PORTAGE								
	*	ARISE ASPIRUS	721.16	239.34	960.50	1,795.16	597.24	2,392.40
		HEALTHPARTNERS HEALTH PLAN	721.16	142.44	863.60	1,795.16	355.04	2,150.20
	3	SECURITY HEALTH PLAN	721.16	285.14	1,006.30	1,795.16	711.74	2,506.90
		WEA TRUST - EAST	721.16	54.24	775.40	1,795.16	134.54	1,929.70
	3	STANDARD PLAN - BALANCE OF STATE	721.16	447.64	1,168.80	1,795.16	1,120.64	2,915.80
PRICE								
	3	GHC OF EAU CLAIRE	684.02	288.68	972.70	1,704.03	718.87	2,422.90
	*	HEALTHPARTNERS HEALTH PLAN	684.02	179.58	863.60	1,704.03	446.17	2,150.20
	3 *	SECURITY HEALTH PLAN	684.02	322.28	1,006.30	1,704.03	802.87	2,506.90
	3	STANDARD PLAN - BALANCE OF STATE	684.02	484.78	1,168.80	1,704.03	1,211.77	2,915.80
		STATE MAINTENANCE PLAN	684.02	93.28	777.30	1,704.03	232.37	1,936.40

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IYC Local Coinsurance; No Dental - P16

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	711.13	45.37	756.50	1,770.03	112.37	1,882.40
	*	ARISE HEALTH PLAN	711.13	293.37	1,004.50	1,770.03	732.37	2,502.40
	3	HUMANA - EASTERN	711.13	415.67	1,126.80	1,770.03	1,038.17	2,808.20
	* ^	NETWORK HEALTH SOUTHEAST	711.13	58.17	769.30	1,770.03	144.37	1,914.40
		UNITEDHEALTHCARE OF WISCONSIN	711.13	148.57	859.70	1,770.03	370.37	2,140.40
	3	STANDARD PLAN - WAUKESHA	711.13	457.67	1,168.80	1,770.03	1,145.77	2,915.80
RICHLAND								
		DEAN HEALTH INSURANCE	607.75	91.85	699.60	1,511.61	228.59	1,740.20
		GUNDERSEN HEALTH PLAN	607.75	154.85	762.60	1,511.61	386.09	1,897.70
		HEALTH TRADITION HEALTH PLAN	607.75	59.75	667.50	1,511.61	148.29	1,659.90
		PHYSICIANS PLUS	607.75	71.25	679.00	1,511.61	177.09	1,688.70
		UNITY HEALTH INSURANCE - COMMUNITY	607.75	36.65	644.40	1,511.61	90.59	1,602.20
	3	STANDARD PLAN - BALANCE OF STATE	607.75	561.05	1,168.80	1,511.61	1,404.19	2,915.80
ROCK								
		ANTHEM BLUE PREFERRED SOUTHEAST	644.69	111.81	756.50	1,603.96	278.44	1,882.40
		DEAN HEALTH INSURANCE	644.69	54.91	699.60	1,603.96	136.24	1,740.20
	3 *	HUMANA - EASTERN	644.69	482.11	1,126.80	1,603.96	1,204.24	2,808.20
		MERCYCARE HEALTH PLANS	644.69	15.31	660.00	1,603.96	37.24	1,641.20
	*	PHYSICIANS PLUS	644.69	34.31	679.00	1,603.96	84.74	1,688.70
		UNITEDHEALTHCARE OF WISCONSIN	644.69	215.01	859.70	1,603.96	536.44	2,140.40
		UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
		WEA TRUST - EAST	644.69	130.71	775.40	1,603.96	325.74	1,929.70
	3	STANDARD PLAN - BALANCE OF STATE	644.69	524.11	1,168.80	1,603.96	1,311.84	2,915.80
RUSK								
	*	HEALTHPARTNERS HEALTH PLAN	863.60	-	863.60	2,150.20	-	2,150.20
	3	SECURITY HEALTH PLAN	868.65	137.65	1,006.30	2,163.83	343.07	2,506.90
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	868.65	118.45	987.10	2,163.83	295.07	2,458.90
	3	STANDARD PLAN - BALANCE OF STATE	868.65	300.15	1,168.80	2,163.83	751.97	2,915.80
SAUK								
		DEAN HEALTH INSURANCE	598.12	101.48	699.60	1,487.55	252.65	1,740.20
		GHC OF SOUTH CENTRAL WISCONSIN	598.12	26.88	625.00	1,487.55	66.15	1,553.70
		GUNDERSEN HEALTH PLAN	598.12	164.48	762.60	1,487.55	410.15	1,897.70
		HEALTH TRADITION HEALTH PLAN	598.12	69.38	667.50	1,487.55	172.35	1,659.90
		PHYSICIANS PLUS	598.12	80.88	679.00	1,487.55	201.15	1,688.70
		UNITY HEALTH INSURANCE - COMMUNITY	598.12	46.28	644.40	1,487.55	114.65	1,602.20
	3	STANDARD PLAN - BALANCE OF STATE	598.12	570.68	1,168.80	1,487.55	1,428.25	2,915.80
SAWYER								
	3	GHC OF EAU CLAIRE	759.97	212.73	972.70	1,892.18	530.72	2,422.90
		HEALTHPARTNERS HEALTH PLAN	759.97	103.63	863.60	1,892.18	258.02	2,150.20
	3	SECURITY HEALTH PLAN	759.97	246.33	1,006.30	1,892.18	614.72	2,506.90
	3	STANDARD PLAN - BALANCE OF STATE	759.97	408.83	1,168.80	1,892.18	1,023.62	2,915.80

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IYC Local Coinsurance; No Dental - P16

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	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	710.74	293.76	1,004.50	1,769.08	733.32	2,502.40
3 *	HUMANA - EASTERN	710.74	416.06	1,126.80	1,769.08	1,039.12	2,808.20
	NETWORK HEALTH NORTHEAST	710.74	10.26	721.00	1,769.08	24.62	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	710.74	148.96	859.70	1,769.08	371.32	2,140.40
	WEA TRUST - EAST	710.74	64.66	775.40	1,769.08	160.62	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	710.74	458.06	1,168.80	1,769.08	1,146.72	2,915.80
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	691.58	312.92	1,004.50	1,721.18	781.22	2,502.40
	DEAN HEALTH INSURANCE - PREVEA360	677.00	-	677.00	1,683.70	-	1,683.70
3	HUMANA - EASTERN	691.58	435.22	1,126.80	1,721.18	1,087.02	2,808.20
	NETWORK HEALTH NORTHEAST	691.58	29.42	721.00	1,721.18	72.52	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	691.58	168.12	859.70	1,721.18	419.22	2,140.40
	WEA TRUST - EAST	691.58	83.82	775.40	1,721.18	208.52	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	691.58	477.22	1,168.80	1,721.18	1,194.62	2,915.80
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	814.31	49.29	863.60	2,028.00	122.20	2,150.20
3	HUMANA - WESTERN	814.31	364.09	1,178.40	2,028.00	909.20	2,937.20
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	814.31	172.79	987.10	2,028.00	430.90	2,458.90
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	814.31	172.79	987.10	2,028.00	430.90	2,458.90
3	STANDARD PLAN - DANE	814.31	270.49	1,084.80	2,028.00	677.80	2,705.80
TAYLOR							
	ARISE ASPIRUS	845.24	115.26	960.50	2,105.31	287.09	2,392.40
3	GHC OF EAU CLAIRE	845.24	127.46	972.70	2,105.31	317.59	2,422.90
*	HEALTHPARTNERS HEALTH PLAN	845.24	18.36	863.60	2,105.31	44.89	2,150.20
3	SECURITY HEALTH PLAN	845.24	161.06	1,006.30	2,105.31	401.59	2,506.90
3	STANDARD PLAN - BALANCE OF STATE	845.24	323.56	1,168.80	2,105.31	810.49	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	769.87	93.73	863.60	1,916.90	233.30	2,150.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	769.87	217.23	987.10	1,916.90	542.00	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	769.87	398.93	1,168.80	1,916.90	998.90	2,915.80
VERNON							
*	DEAN HEALTH INSURANCE	646.38	53.22	699.60	1,608.20	132.00	1,740.20
	GUNDERSEN HEALTH PLAN	646.38	116.22	762.60	1,608.20	289.50	1,897.70
	HEALTH TRADITION HEALTH PLAN	646.38	21.12	667.50	1,608.20	51.70	1,659.90
	HEALTHPARTNERS HEALTH PLAN	646.38	217.22	863.60	1,608.20	542.00	2,150.20
*	PHYSICIANS PLUS	646.38	32.62	679.00	1,608.20	80.50	1,688.70
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
3	STANDARD PLAN - BALANCE OF STATE	646.38	522.42	1,168.80	1,608.20	1,307.60	2,915.80

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 Coinsurance; No Dental - P16

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	684.02	276.48	960.50	1,704.03	688.37	2,392.40
3 *	GHC OF EAU CLAIRE	684.02	288.68	972.70	1,704.03	718.87	2,422.90
*	HEALTHPARTNERS HEALTH PLAN	684.02	179.58	863.60	1,704.03	446.17	2,150.20
3 *	SECURITY HEALTH PLAN	684.02	322.28	1,006.30	1,704.03	802.87	2,506.90
3 *	STANDARD PLAN - BALANCE OF STATE	684.02	484.78	1,168.80	1,704.03	1,211.77	2,915.80
	STATE MAINTENANCE PLAN	684.02	93.28	777.30	1,704.03	232.37	1,936.40
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	689.41	67.09	756.50	1,715.75	166.65	1,882.40
	ARISE HEALTH PLAN	689.41	315.09	1,004.50	1,715.75	786.65	2,502.40
*	DEAN HEALTH INSURANCE	689.41	10.19	699.60	1,715.75	24.45	1,740.20
3	HUMANA - EASTERN	689.41	437.39	1,126.80	1,715.75	1,092.45	2,808.20
	MERCYCARE HEALTH PLANS	660.00	-	660.00	1,641.20	-	1,641.20
*	PHYSICIANS PLUS	679.00	-	679.00	1,688.70	-	1,688.70
	UNITEDHEALTHCARE OF WISCONSIN	689.41	170.29	859.70	1,715.75	424.65	2,140.40
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	WEA TRUST - EAST	689.41	85.99	775.40	1,715.75	213.95	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	689.41	479.39	1,168.80	1,715.75	1,200.05	2,915.80
WASHBURN							
3	GHC OF EAU CLAIRE	814.31	158.39	972.70	2,028.00	394.90	2,422.90
	HEALTHPARTNERS HEALTH PLAN	814.31	49.29	863.60	2,028.00	122.20	2,150.20
3	SECURITY HEALTH PLAN	814.31	191.99	1,006.30	2,028.00	478.90	2,506.90
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	814.31	172.79	987.10	2,028.00	430.90	2,458.90
3	STANDARD PLAN - BALANCE OF STATE	814.31	354.49	1,168.80	2,028.00	887.80	2,915.80
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	747.14	9.36	756.50	1,860.08	22.32	1,882.40
	ARISE HEALTH PLAN	747.14	257.36	1,004.50	1,860.08	642.32	2,502.40
3	HUMANA - EASTERN	747.14	379.66	1,126.80	1,860.08	948.12	2,808.20
* ^	NETWORK HEALTH SOUTHEAST	747.14	22.16	769.30	1,860.08	54.32	1,914.40
	UNITEDHEALTHCARE OF WISCONSIN	747.14	112.56	859.70	1,860.08	280.32	2,140.40
	WEA TRUST - EAST	747.14	28.26	775.40	1,860.08	69.62	1,929.70
3	STANDARD PLAN - WAUKESHA	747.14	421.66	1,168.80	1,860.08	1,055.72	2,915.80
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	695.21	61.29	756.50	1,730.27	152.13	1,882.40
	ARISE HEALTH PLAN	695.21	309.29	1,004.50	1,730.27	772.13	2,502.40
	DEAN HEALTH INSURANCE	695.21	4.39	699.60	1,730.27	9.93	1,740.20
3	HUMANA - EASTERN	695.21	431.59	1,126.80	1,730.27	1,077.93	2,808.20
* ^	NETWORK HEALTH SOUTHEAST	695.21	74.09	769.30	1,730.27	184.13	1,914.40
*	PHYSICIANS PLUS	679.00	-	679.00	1,688.70	-	1,688.70
	UNITEDHEALTHCARE OF WISCONSIN	695.21	164.49	859.70	1,730.27	410.13	2,140.40
	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	WEA TRUST - EAST	695.21	80.19	775.40	1,730.27	199.43	1,929.70
3	STANDARD PLAN - WAUKESHA	695.21	473.59	1,168.80	1,730.27	1,185.53	2,915.80

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Coinsurance; No Dental - P16

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	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	710.74	293.76	1,004.50	1,769.08	733.32	2,502.40
3	HUMANA - EASTERN	710.74	416.06	1,126.80	1,769.08	1,039.12	2,808.20
	NETWORK HEALTH NORTHEAST	710.74	10.26	721.00	1,769.08	24.62	1,793.70
3	SECURITY HEALTH PLAN	710.74	295.56	1,006.30	1,769.08	737.82	2,506.90
	UNITEDHEALTHCARE OF WISCONSIN	710.74	148.96	859.70	1,769.08	371.32	2,140.40
	WEA TRUST - EAST	710.74	64.66	775.40	1,769.08	160.62	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	710.74	458.06	1,168.80	1,769.08	1,146.72	2,915.80
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	653.45	24.25	677.70	1,625.87	59.53	1,685.40
*	ARISE HEALTH PLAN	653.45	351.05	1,004.50	1,625.87	876.53	2,502.40
3	HUMANA - EASTERN	653.45	473.35	1,126.80	1,625.87	1,182.33	2,808.20
	NETWORK HEALTH NORTHEAST	653.45	67.55	721.00	1,625.87	167.83	1,793.70
	PHYSICIANS PLUS	653.45	25.55	679.00	1,625.87	62.83	1,688.70
3	SECURITY HEALTH PLAN	653.45	352.85	1,006.30	1,625.87	881.03	2,506.90
	UNITEDHEALTHCARE OF WISCONSIN	653.45	206.25	859.70	1,625.87	514.53	2,140.40
	WEA TRUST - EAST	653.45	121.95	775.40	1,625.87	303.83	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	653.45	515.35	1,168.80	1,625.87	1,289.93	2,915.80
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	677.70	-	677.70	1,685.40	-	1,685.40
	ARISE HEALTH PLAN	710.74	293.76	1,004.50	1,769.08	733.32	2,502.40
3	HUMANA - EASTERN	710.74	416.06	1,126.80	1,769.08	1,039.12	2,808.20
	NETWORK HEALTH NORTHEAST	710.74	10.26	721.00	1,769.08	24.62	1,793.70
	UNITEDHEALTHCARE OF WISCONSIN	710.74	148.96	859.70	1,769.08	371.32	2,140.40
	WEA TRUST - EAST	710.74	64.66	775.40	1,769.08	160.62	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	710.74	458.06	1,168.80	1,769.08	1,146.72	2,915.80
WOOD							
	ARISE ASPIRUS	763.80	196.70	960.50	1,901.72	490.68	2,392.40
*	HEALTHPARTNERS HEALTH PLAN	763.80	99.80	863.60	1,901.72	248.48	2,150.20
*	PHYSICIANS PLUS	679.00	-	679.00	1,688.70	-	1,688.70
3	SECURITY HEALTH PLAN	763.80	242.50	1,006.30	1,901.72	605.18	2,506.90
*	UNITY HEALTH INSURANCE - COMMUNITY	644.40	-	644.40	1,602.20	-	1,602.20
	WEA TRUST - EAST	763.80	11.60	775.40	1,901.72	27.98	1,929.70
3	STANDARD PLAN - BALANCE OF STATE	763.80	405.00	1,168.80	1,901.72	1,014.08	2,915.80