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 HDHP; No Dental - P17

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	578.34	19.96	598.30	1,436.61	50.29	1,486.90
		PHYSICIANS PLUS	578.34	2.26	580.60	1,436.61	6.09	1,442.70
	3	SECURITY HEALTH PLAN	578.34	284.26	862.60	1,436.61	711.09	2,147.70
		UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
		WEA TRUST - EAST	578.34	85.26	663.60	1,436.61	213.59	1,650.20
	3	STANDARD PLAN - BALANCE OF STATE	578.34	416.36	994.70	1,436.61	1,045.09	2,481.70
ASHLAND								
	3	GHC OF EAU CLAIRE	776.69	56.91	833.60	1,932.42	142.78	2,075.20
		HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
	3	SECURITY HEALTH PLAN	776.69	85.91	862.60	1,932.42	215.28	2,147.70
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.69	69.31	846.00	1,932.42	173.78	2,106.20
	3	STANDARD PLAN - BALANCE OF STATE	776.69	218.01	994.70	1,932.42	549.28	2,481.70
BARRON								
		HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
	3	HUMANA - WESTERN	776.69	234.31	1,011.00	1,932.42	586.28	2,518.70
	3	SECURITY HEALTH PLAN	776.69	85.91	862.60	1,932.42	215.28	2,147.70
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.69	69.31	846.00	1,932.42	173.78	2,106.20
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	776.69	69.31	846.00	1,932.42	173.78	2,106.20
	3	STANDARD PLAN - BALANCE OF STATE	776.69	218.01	994.70	1,932.42	549.28	2,481.70
BAYFIELD								
	3 *	GHC OF EAU CLAIRE	716.21	117.39	833.60	1,783.32	291.88	2,075.20
	3 *	SECURITY HEALTH PLAN	716.21	146.39	862.60	1,783.32	364.38	2,147.70
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	716.21	129.79	846.00	1,783.32	322.88	2,106.20
	3	STANDARD PLAN - BALANCE OF STATE	716.21	278.49	994.70	1,783.32	698.38	2,481.70
		STATE MAINTENANCE PLAN	682.10	-	682.10	1,698.40	-	1,698.40
BROWN								
		ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
		ARISE HEALTH PLAN	607.74	253.36	861.10	1,510.11	633.79	2,143.90
		DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
	3	HUMANA - EASTERN	607.74	358.76	966.50	1,510.11	897.29	2,407.40
		NETWORK HEALTH NORTHEAST	607.74	9.06	616.80	1,510.11	23.09	1,533.20
		UNITEDHEALTHCARE OF WISCONSIN	607.74	128.56	736.30	1,510.11	321.79	1,831.90
		WEA TRUST - EAST	607.74	55.86	663.60	1,510.11	140.09	1,650.20
	3	STANDARD PLAN - BALANCE OF STATE	607.74	386.96	994.70	1,510.11	971.59	2,481.70
BUFFALO								
	*	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
	3	STANDARD PLAN - BALANCE OF STATE	716.21	278.49	994.70	1,783.32	698.38	2,481.70
		STATE MAINTENANCE PLAN	682.10	-	682.10	1,698.40	-	1,698.40
BURNETT								
	3	GHC OF EAU CLAIRE	776.69	56.91	833.60	1,932.42	142.78	2,075.20
		HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
	3	SECURITY HEALTH PLAN	776.69	85.91	862.60	1,932.42	215.28	2,147.70
	3	STANDARD PLAN - BALANCE OF STATE	776.69	218.01	994.70	1,932.42	549.28	2,481.70

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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
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
*	ARISE HEALTH PLAN	608.48	252.62	861.10	1,511.90	632.00	2,143.90
3 *	HUMANA - EASTERN	608.48	358.02	966.50	1,511.90	895.50	2,407.40
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,511.90	21.30	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,511.90	320.00	1,831.90
*	WEA TRUST - EAST	608.48	55.12	663.60	1,511.90	138.30	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,511.90	969.80	2,481.70
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	652.60	-	652.60	1,622.70	-	1,622.70
	HEALTHPARTNERS HEALTH PLAN	685.23	54.47	739.70	1,703.84	136.56	1,840.40
3	HUMANA - WESTERN	685.23	325.77	1,011.00	1,703.84	814.86	2,518.70
3	SECURITY HEALTH PLAN	685.23	177.37	862.60	1,703.84	443.86	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	685.23	160.77	846.00	1,703.84	402.36	2,106.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	685.23	160.77	846.00	1,703.84	402.36	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	685.23	309.47	994.70	1,703.84	777.86	2,481.70
CLARK							
*	ARISE ASPIRUS	685.23	137.87	823.10	1,703.84	345.06	2,048.90
3	GHC OF EAU CLAIRE	685.23	148.37	833.60	1,703.84	371.36	2,075.20
	GUNDERSEN HEALTH PLAN	652.60	-	652.60	1,622.70	-	1,622.70
	HEALTHPARTNERS HEALTH PLAN	685.23	54.47	739.70	1,703.84	136.56	1,840.40
3	SECURITY HEALTH PLAN	685.23	177.37	862.60	1,703.84	443.86	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	685.23	160.77	846.00	1,703.84	402.36	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	685.23	309.47	994.70	1,703.84	777.86	2,481.70
COLUMBIA							
	DEAN HEALTH INSURANCE	560.70	37.60	598.30	1,392.51	94.39	1,486.90
	GHC OF SOUTH CENTRAL WISCONSIN	534.00	-	534.00	1,326.20	-	1,326.20
	PHYSICIANS PLUS	560.70	19.90	580.60	1,392.51	50.19	1,442.70
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
	WEA TRUST - EAST	560.70	102.90	663.60	1,392.51	257.69	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	560.70	434.00	994.70	1,392.51	1,089.19	2,481.70
CRAWFORD							
	GUNDERSEN HEALTH PLAN	564.38	88.22	652.60	1,401.65	221.05	1,622.70
	HEALTH TRADITION HEALTH PLAN	564.38	6.22	570.60	1,401.65	16.05	1,417.70
	HEALTHPARTNERS HEALTH PLAN	564.38	175.32	739.70	1,401.65	438.75	1,840.40
	MEDICAL ASSOCIATES HEALTH PLANS	537.50	-	537.50	1,334.90	-	1,334.90
*	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	564.38	281.62	846.00	1,401.65	704.55	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	564.38	430.32	994.70	1,401.65	1,080.05	2,481.70
DANE							
	DEAN HEALTH INSURANCE	528.68	69.62	598.30	1,312.40	174.50	1,486.90
	GHC OF SOUTH CENTRAL WISCONSIN	528.68	5.32	534.00	1,312.40	13.80	1,326.20
	PHYSICIANS PLUS	528.68	51.92	580.60	1,312.40	130.30	1,442.70
	UNITY HEALTH INSURANCE - UW HEALTH	503.50	-	503.50	1,249.90	-	1,249.90
	WEA TRUST - SOUTH CENTRAL	506.20	-	506.20	1,256.70	-	1,256.70
3	STANDARD PLAN - DANE	528.68	393.62	922.30	1,312.40	988.30	2,300.70

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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	578.34	68.96	647.30	1,436.61	172.79	1,609.40
*	ARISE HEALTH PLAN	578.34	282.76	861.10	1,436.61	707.29	2,143.90
	DEAN HEALTH INSURANCE	578.34	19.96	598.30	1,436.61	50.29	1,486.90
3	HUMANA - EASTERN	578.34	388.16	966.50	1,436.61	970.79	2,407.40
	NETWORK HEALTH NORTHEAST	578.34	38.46	616.80	1,436.61	96.59	1,533.20
	PHYSICIANS PLUS	578.34	2.26	580.60	1,436.61	6.09	1,442.70
	UNITEDHEALTHCARE OF WISCONSIN	578.34	157.96	736.30	1,436.61	395.29	1,831.90
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
	WEA TRUST - EAST	578.34	85.26	663.60	1,436.61	213.59	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	578.34	416.36	994.70	1,436.61	1,045.09	2,481.70
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	608.48	252.62	861.10	1,511.90	632.00	2,143.90
*	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
3	HUMANA - EASTERN	608.48	358.02	966.50	1,511.90	895.50	2,407.40
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,511.90	21.30	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,511.90	320.00	1,831.90
	WEA TRUST - EAST	608.48	55.12	663.60	1,511.90	138.30	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,511.90	969.80	2,481.70
DOUGLAS							
3	GHC OF EAU CLAIRE	776.69	56.91	833.60	1,932.42	142.78	2,075.20
	HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
3	SECURITY HEALTH PLAN	776.69	85.91	862.60	1,932.42	215.28	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.69	69.31	846.00	1,932.42	173.78	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	776.69	218.01	994.70	1,932.42	549.28	2,481.70
DUNN							
3	HUMANA - WESTERN	888.30	122.70	1,011.00	2,211.51	307.19	2,518.70
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	846.00	-	846.00	2,106.20	-	2,106.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	846.00	-	846.00	2,106.20	-	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	888.30	106.40	994.70	2,211.51	270.19	2,481.70
EAU CLAIRE							
	GUNDERSEN HEALTH PLAN	652.60	-	652.60	1,622.70	-	1,622.70
	HEALTHPARTNERS HEALTH PLAN	685.23	54.47	739.70	1,703.84	136.56	1,840.40
3	HUMANA - WESTERN	685.23	325.77	1,011.00	1,703.84	814.86	2,518.70
3	SECURITY HEALTH PLAN	685.23	177.37	862.60	1,703.84	443.86	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	685.23	160.77	846.00	1,703.84	402.36	2,106.20
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	685.23	160.77	846.00	1,703.84	402.36	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	685.23	309.47	994.70	1,703.84	777.86	2,481.70
FLORENCE							
*	ARISE ASPIRUS	716.21	106.89	823.10	1,783.32	265.58	2,048.90
3	STANDARD PLAN - BALANCE OF STATE	716.21	278.49	994.70	1,783.32	698.38	2,481.70
	STATE MAINTENANCE PLAN	682.10	-	682.10	1,698.40	-	1,698.40

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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	578.34	1.16	579.50	1,436.61	3.29	1,439.90
	ARISE HEALTH PLAN	578.34	282.76	861.10	1,436.61	707.29	2,143.90
	DEAN HEALTH INSURANCE	578.34	19.96	598.30	1,436.61	50.29	1,486.90
3	HUMANA - EASTERN	578.34	388.16	966.50	1,436.61	970.79	2,407.40
	NETWORK HEALTH NORTHEAST	578.34	38.46	616.80	1,436.61	96.59	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	578.34	157.96	736.30	1,436.61	395.29	1,831.90
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	578.34	416.36	994.70	1,436.61	1,045.09	2,481.70
FOREST							
*	ARISE ASPIRUS	716.21	106.89	823.10	1,783.32	265.58	2,048.90
3	SECURITY HEALTH PLAN	716.21	146.39	862.60	1,783.32	364.38	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	716.21	278.49	994.70	1,783.32	698.38	2,481.70
	STATE MAINTENANCE PLAN	682.10	-	682.10	1,698.40	-	1,698.40
GRANT							
	DEAN HEALTH INSURANCE	564.38	33.92	598.30	1,401.65	85.25	1,486.90
	GUNDERSEN HEALTH PLAN	564.38	88.22	652.60	1,401.65	221.05	1,622.70
*	HEALTH TRADITION HEALTH PLAN	564.38	6.22	570.60	1,401.65	16.05	1,417.70
*	HEALTHPARTNERS HEALTH PLAN	564.38	175.32	739.70	1,401.65	438.75	1,840.40
	MEDICAL ASSOCIATES HEALTH PLANS	537.50	-	537.50	1,334.90	-	1,334.90
	PHYSICIANS PLUS	564.38	16.22	580.60	1,401.65	41.05	1,442.70
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
3	STANDARD PLAN - DANE	564.38	357.92	922.30	1,401.65	899.05	2,300.70
GREEN							
	DEAN HEALTH INSURANCE	578.34	19.96	598.30	1,436.61	50.29	1,486.90
*	MERCYCARE HEALTH PLANS	564.20	-	564.20	1,401.70	-	1,401.70
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	578.34	416.36	994.70	1,436.61	1,045.09	2,481.70
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
*	ARISE HEALTH PLAN	608.48	252.62	861.10	1,511.90	632.00	2,143.90
*	DEAN HEALTH INSURANCE	598.30	-	598.30	1,486.90	-	1,486.90
3	HUMANA - EASTERN	608.48	358.02	966.50	1,511.90	895.50	2,407.40
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,511.90	21.30	1,533.20
*	PHYSICIANS PLUS	580.60	-	580.60	1,442.70	-	1,442.70
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,511.90	320.00	1,831.90
	WEA TRUST - EAST	608.48	55.12	663.60	1,511.90	138.30	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,511.90	969.80	2,481.70
IOWA							
	DEAN HEALTH INSURANCE	564.38	33.92	598.30	1,401.65	85.25	1,486.90
	MEDICAL ASSOCIATES HEALTH PLANS	537.50	-	537.50	1,334.90	-	1,334.90
	PHYSICIANS PLUS	564.38	16.22	580.60	1,401.65	41.05	1,442.70
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	564.38	430.32	994.70	1,401.65	1,080.05	2,481.70

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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	716.21	117.39	833.60	1,783.32	291.88	2,075.20
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	716.21	129.79	846.00	1,783.32	322.88	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	716.21	278.49	994.70	1,783.32	698.38	2,481.70
	STATE MAINTENANCE PLAN	682.10	-	682.10	1,698.40	-	1,698.40
JACKSON							
	GUNDERSEN HEALTH PLAN	599.13	53.47	652.60	1,488.59	134.11	1,622.70
	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
	HEALTHPARTNERS HEALTH PLAN	599.13	140.57	739.70	1,488.59	351.81	1,840.40
3	SECURITY HEALTH PLAN	599.13	263.47	862.60	1,488.59	659.11	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	599.13	246.87	846.00	1,488.59	617.61	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	599.13	395.57	994.70	1,488.59	993.11	2,481.70
JEFFERSON							
	ANTHEM BLUE PREFERRED SOUTHEAST	578.34	68.96	647.30	1,436.61	172.79	1,609.40
	DEAN HEALTH INSURANCE	578.34	19.96	598.30	1,436.61	50.29	1,486.90
3	HUMANA - EASTERN	578.34	388.16	966.50	1,436.61	970.79	2,407.40
	MERCYCARE HEALTH PLANS	564.20	-	564.20	1,401.70	-	1,401.70
	PHYSICIANS PLUS	578.34	2.26	580.60	1,436.61	6.09	1,442.70
	UNITEDHEALTHCARE OF WISCONSIN	578.34	157.96	736.30	1,436.61	395.29	1,831.90
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
3	STANDARD PLAN - DANE	578.34	343.96	922.30	1,436.61	864.09	2,300.70
JUNEAU							
*	ARISE ASPIRUS	578.34	244.76	823.10	1,436.61	612.29	2,048.90
*	DEAN HEALTH INSURANCE	578.34	19.96	598.30	1,436.61	50.29	1,486.90
	GUNDERSEN HEALTH PLAN	578.34	74.26	652.60	1,436.61	186.09	1,622.70
	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
	PHYSICIANS PLUS	578.34	2.26	580.60	1,436.61	6.09	1,442.70
	SECURITY HEALTH PLAN	578.34	284.26	862.60	1,436.61	711.09	2,147.70
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
	WEA TRUST - EAST	578.34	85.26	663.60	1,436.61	213.59	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	578.34	416.36	994.70	1,436.61	1,045.09	2,481.70
KENOSHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	647.30	-	647.30	1,609.40	-	1,609.40
	ARISE HEALTH PLAN	679.67	181.43	861.10	1,689.87	454.03	2,143.90
3	HUMANA - EASTERN	679.67	286.83	966.50	1,689.87	717.53	2,407.40
	UNITEDHEALTHCARE OF WISCONSIN	679.67	56.63	736.30	1,689.87	142.03	1,831.90
3	STANDARD PLAN - WAUKESHA	679.67	315.03	994.70	1,689.87	791.83	2,481.70
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	608.48	252.62	861.10	1,511.90	632.00	2,143.90
*	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,511.90	21.30	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,511.90	320.00	1,831.90
	WEA TRUST - EAST	608.48	55.12	663.60	1,511.90	138.30	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,511.90	969.80	2,481.70

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local HDHP; No Dental - P17

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	599.13	53.47	652.60	1,488.59	134.11	1,622.70
	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
	HEALTHPARTNERS HEALTH PLAN	599.13	140.57	739.70	1,488.59	351.81	1,840.40
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	599.13	246.87	846.00	1,488.59	617.61	2,106.20
3	STANDARD PLAN - DANE	599.13	323.17	922.30	1,488.59	812.11	2,300.70
LAFAYETTE							
*	DEAN HEALTH INSURANCE	564.38	33.92	598.30	1,401.65	85.25	1,486.90
	MEDICAL ASSOCIATES HEALTH PLANS	537.50	-	537.50	1,334.90	-	1,334.90
	PHYSICIANS PLUS	564.38	16.22	580.60	1,401.65	41.05	1,442.70
*	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	564.38	430.32	994.70	1,401.65	1,080.05	2,481.70
LANGLADE							
	ARISE ASPIRUS	823.10	-	823.10	2,048.90	-	2,048.90
3	GHC OF EAU CLAIRE	833.60	-	833.60	2,075.20	-	2,075.20
*	HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
3	SECURITY HEALTH PLAN	862.60	-	862.60	2,147.70	-	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	864.26	130.44	994.70	2,151.35	330.35	2,481.70
LINCOLN							
*	ARISE ASPIRUS	776.69	46.41	823.10	1,932.42	116.48	2,048.90
3	GHC OF EAU CLAIRE	776.69	56.91	833.60	1,932.42	142.78	2,075.20
	HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
3	SECURITY HEALTH PLAN	776.69	85.91	862.60	1,932.42	215.28	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	776.69	218.01	994.70	1,932.42	549.28	2,481.70
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	607.74	253.36	861.10	1,510.11	633.79	2,143.90
	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
3	HUMANA - EASTERN	607.74	358.76	966.50	1,510.11	897.29	2,407.40
	NETWORK HEALTH NORTHEAST	607.74	9.06	616.80	1,510.11	23.09	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	607.74	128.56	736.30	1,510.11	321.79	1,831.90
	WEA TRUST - EAST	607.74	55.86	663.60	1,510.11	140.09	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	607.74	386.96	994.70	1,510.11	971.59	2,481.70
MARATHON							
	ARISE ASPIRUS	696.78	126.32	823.10	1,732.71	316.19	2,048.90
3	GHC OF EAU CLAIRE	696.78	136.82	833.60	1,732.71	342.49	2,075.20
	HEALTHPARTNERS HEALTH PLAN	696.78	42.92	739.70	1,732.71	107.69	1,840.40
3	SECURITY HEALTH PLAN	696.78	165.82	862.60	1,732.71	414.99	2,147.70
	WEA TRUST - EAST	663.60	-	663.60	1,650.20	-	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	696.78	297.92	994.70	1,732.71	748.99	2,481.70
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	608.48	252.62	861.10	1,511.90	632.00	2,143.90
*	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
3	HUMANA - EASTERN	608.48	358.02	966.50	1,511.90	895.50	2,407.40
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,511.90	320.00	1,831.90
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,511.90	969.80	2,481.70

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IYC Local HDHP; No Dental - P17

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	598.30	-	598.30	1,486.90	-	1,486.90
*	NETWORK HEALTH NORTHEAST	609.63	7.17	616.80	1,514.84	18.36	1,533.20
	PHYSICIANS PLUS	580.60	-	580.60	1,442.70	-	1,442.70
*	UNITEDHEALTHCARE OF WISCONSIN	609.63	126.67	736.30	1,514.84	317.06	1,831.90
*	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
	WEA TRUST - EAST	609.63	53.97	663.60	1,514.84	135.36	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	609.63	385.07	994.70	1,514.84	966.86	2,481.70
MENOMINEE							
*	WEA TRUST - EAST	663.60	-	663.60	1,650.20	-	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	716.21	278.49	994.70	1,783.32	698.38	2,481.70
	STATE MAINTENANCE PLAN	682.10	-	682.10	1,698.40	-	1,698.40
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	647.30	-	647.30	1,609.40	-	1,609.40
	ARISE HEALTH PLAN	679.67	181.43	861.10	1,689.87	454.03	2,143.90
3	HUMANA - EASTERN	679.67	286.83	966.50	1,689.87	717.53	2,407.40
* ^	NETWORK HEALTH SOUTHEAST	658.40	-	658.40	1,637.20	-	1,637.20
	UNITEDHEALTHCARE OF WISCONSIN	679.67	56.63	736.30	1,689.87	142.03	1,831.90
	WEA TRUST - EAST	663.60	-	663.60	1,650.20	-	1,650.20
3	STANDARD PLAN - MILWAUKEE	679.67	396.33	1,076.00	1,689.87	995.03	2,684.90
MONROE							
	GUNDERSEN HEALTH PLAN	599.13	53.47	652.60	1,488.59	134.11	1,622.70
	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
	HEALTHPARTNERS HEALTH PLAN	599.13	140.57	739.70	1,488.59	351.81	1,840.40
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	599.13	246.87	846.00	1,488.59	617.61	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	599.13	395.57	994.70	1,488.59	993.11	2,481.70
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	607.74	253.36	861.10	1,510.11	633.79	2,143.90
	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
3	HUMANA - EASTERN	607.74	358.76	966.50	1,510.11	897.29	2,407.40
	NETWORK HEALTH NORTHEAST	607.74	9.06	616.80	1,510.11	23.09	1,533.20
*	UNITEDHEALTHCARE OF WISCONSIN	607.74	128.56	736.30	1,510.11	321.79	1,831.90
	WEA TRUST - EAST	607.74	55.86	663.60	1,510.11	140.09	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	607.74	386.96	994.70	1,510.11	971.59	2,481.70
ONEIDA							
*	ARISE ASPIRUS	776.69	46.41	823.10	1,932.42	116.48	2,048.90
3	GHC OF EAU CLAIRE	776.69	56.91	833.60	1,932.42	142.78	2,075.20
	HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
3	SECURITY HEALTH PLAN	776.69	85.91	862.60	1,932.42	215.28	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	776.69	218.01	994.70	1,932.42	549.28	2,481.70

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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
OUTAGAMIE							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	608.48	252.62	861.10	1,511.90	632.00	2,143.90
*	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
3	HUMANA - EASTERN	608.48	358.02	966.50	1,511.90	895.50	2,407.40
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,511.90	21.30	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,511.90	320.00	1,831.90
	WEA TRUST - EAST	608.48	55.12	663.60	1,511.90	138.30	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,511.90	969.80	2,481.70
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	647.30	-	647.30	1,609.40	-	1,609.40
	ARISE HEALTH PLAN	679.67	181.43	861.10	1,689.87	454.03	2,143.90
3	HUMANA - EASTERN	679.67	286.83	966.50	1,689.87	717.53	2,407.40
* ^	NETWORK HEALTH SOUTHEAST	658.40	-	658.40	1,637.20	-	1,637.20
	UNITEDHEALTHCARE OF WISCONSIN	679.67	56.63	736.30	1,689.87	142.03	1,831.90
	WEA TRUST - EAST	663.60	-	663.60	1,650.20	-	1,650.20
3	STANDARD PLAN - WAUKESHA	679.67	315.03	994.70	1,689.87	791.83	2,481.70
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	716.21	23.49	739.70	1,783.32	57.08	1,840.40
3	SECURITY HEALTH PLAN	716.21	146.39	862.60	1,783.32	364.38	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	716.21	129.79	846.00	1,783.32	322.88	2,106.20
3	STANDARD PLAN - WAUKESHA	716.21	278.49	994.70	1,783.32	698.38	2,481.70
	STATE MAINTENANCE PLAN	682.10	-	682.10	1,698.40	617.08	1,698.40
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.69	69.31	846.00	1,932.42	173.78	2,106.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	776.69	69.31	846.00	1,932.42	173.78	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	776.69	218.01	994.70	1,932.42	549.28	2,481.70
POLK							
	HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
3	HUMANA - WESTERN	776.69	234.31	1,011.00	1,932.42	586.28	2,518.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.69	69.31	846.00	1,932.42	173.78	2,106.20
3	STANDARD PLAN - DANE	776.69	145.61	922.30	1,932.42	368.28	2,300.70
PORTAGE							
*	ARISE ASPIRUS	696.78	126.32	823.10	1,732.71	316.19	2,048.90
	HEALTHPARTNERS HEALTH PLAN	696.78	42.92	739.70	1,732.71	107.69	1,840.40
3	SECURITY HEALTH PLAN	696.78	165.82	862.60	1,732.71	414.99	2,147.70
	WEA TRUST - EAST	663.60	-	663.60	1,650.20	-	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	696.78	297.92	994.70	1,732.71	748.99	2,481.70
PRICE							
3	GHC OF EAU CLAIRE	716.21	117.39	833.60	1,783.32	291.88	2,075.20
*	HEALTHPARTNERS HEALTH PLAN	716.21	23.49	739.70	1,783.32	57.08	1,840.40
3	SECURITY HEALTH PLAN	716.21	146.39	862.60	1,783.32	364.38	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	716.21	278.49	994.70	1,783.32	698.38	2,481.70
	STATE MAINTENANCE PLAN	682.10	-	682.10	1,698.40	-	1,698.40

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		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
RACINE							
	ANTHEM BLUE PREFERRED SOUTHEAST	647.30	-	647.30	1,609.40	-	1,609.40
*	ARISE HEALTH PLAN	679.67	181.43	861.10	1,689.87	454.03	2,143.90
3	HUMANA - EASTERN	679.67	286.83	966.50	1,689.87	717.53	2,407.40
* ^	NETWORK HEALTH SOUTHEAST	658.40	-	658.40	1,637.20	-	1,637.20
	UNITEDHEALTHCARE OF WISCONSIN	679.67	56.63	736.30	1,689.87	142.03	1,831.90
3	STANDARD PLAN - WAUKESHA	679.67	315.03	994.70	1,689.87	791.83	2,481.70
RICHLAND							
	DEAN HEALTH INSURANCE	578.34	19.96	598.30	1,436.61	50.29	1,486.90
	GUNDERSEN HEALTH PLAN	578.34	74.26	652.60	1,436.61	186.09	1,622.70
	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
	PHYSICIANS PLUS	578.34	2.26	580.60	1,436.61	6.09	1,442.70
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	578.34	416.36	994.70	1,436.61	1,045.09	2,481.70
ROCK							
	ANTHEM BLUE PREFERRED SOUTHEAST	578.34	68.96	647.30	1,436.61	172.79	1,609.40
	DEAN HEALTH INSURANCE	578.34	19.96	598.30	1,436.61	50.29	1,486.90
3 *	HUMANA - EASTERN	578.34	388.16	966.50	1,436.61	970.79	2,407.40
	MERCYCARE HEALTH PLANS	564.20	-	564.20	1,401.70	-	1,401.70
*	PHYSICIANS PLUS	578.34	2.26	580.60	1,436.61	6.09	1,442.70
	UNITEDHEALTHCARE OF WISCONSIN	578.34	157.96	736.30	1,436.61	395.29	1,831.90
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
	WEA TRUST - EAST	578.34	85.26	663.60	1,436.61	213.59	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	578.34	416.36	994.70	1,436.61	1,045.09	2,481.70
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
3	SECURITY HEALTH PLAN	862.60	-	862.60	2,147.70	-	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	846.00	-	846.00	2,106.20	-	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	888.30	106.40	994.70	2,211.51	270.19	2,481.70
SAUK							
	DEAN HEALTH INSURANCE	578.34	19.96	598.30	1,436.61	50.29	1,486.90
*	GHC OF SOUTH CENTRAL WISCONSIN	534.00	-	534.00	1,326.20	-	1,326.20
	GUNDERSEN HEALTH PLAN	578.34	74.26	652.60	1,436.61	186.09	1,622.70
*	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
	PHYSICIANS PLUS	578.34	2.26	580.60	1,436.61	6.09	1,442.70
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	578.34	416.36	994.70	1,436.61	1,045.09	2,481.70
SAWYER							
3	GHC OF EAU CLAIRE	776.69	56.91	833.60	1,932.42	142.78	2,075.20
	HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
3	SECURITY HEALTH PLAN	776.69	85.91	862.60	1,932.42	215.28	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	776.69	218.01	994.70	1,932.42	549.28	2,481.70

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		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	608.48	252.62	861.10	1,511.90	632.00	2,143.90
3 *	HUMANA - EASTERN	608.48	358.02	966.50	1,511.90	895.50	2,407.40
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,511.90	21.30	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,511.90	320.00	1,831.90
	WEA TRUST - EAST	608.48	55.12	663.60	1,511.90	138.30	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,511.90	969.80	2,481.70
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	607.74	253.36	861.10	1,510.11	633.79	2,143.90
	DEAN HEALTH INSURANCE - PREVEA360	578.80	-	578.80	1,438.20	-	1,438.20
3	HUMANA - EASTERN	607.74	358.76	966.50	1,510.11	897.29	2,407.40
	NETWORK HEALTH NORTHEAST	607.74	9.06	616.80	1,510.11	23.09	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	607.74	128.56	736.30	1,510.11	321.79	1,831.90
	WEA TRUST - EAST	607.74	55.86	663.60	1,510.11	140.09	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	607.74	386.96	994.70	1,510.11	971.59	2,481.70
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
3	HUMANA - WESTERN	776.69	234.31	1,011.00	1,932.42	586.28	2,518.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.69	69.31	846.00	1,932.42	173.78	2,106.20
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	776.69	69.31	846.00	1,932.42	173.78	2,106.20
3	STANDARD PLAN - DANE	776.69	145.61	922.30	1,932.42	368.28	2,300.70
TAYLOR							
	ARISE ASPIRUS	823.10	-	823.10	2,048.90	-	2,048.90
3	GHC OF EAU CLAIRE	833.60	-	833.60	2,075.20	-	2,075.20
*	HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
3	SECURITY HEALTH PLAN	862.60	-	862.60	2,147.70	-	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	864.26	130.44	994.70	2,151.35	330.35	2,481.70
TREMPEALEAU							
	GUNDERSEN HEALTH PLAN	652.60	-	652.60	1,622.70	-	1,622.70
*	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
*	HEALTHPARTNERS HEALTH PLAN	685.23	54.47	739.70	1,703.84	136.56	1,840.40
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	685.23	160.77	846.00	1,703.84	402.36	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	685.23	309.47	994.70	1,703.84	777.86	2,481.70
VERNON							
*	DEAN HEALTH INSURANCE	578.34	19.96	598.30	1,436.61	50.29	1,486.90
	GUNDERSEN HEALTH PLAN	578.34	74.26	652.60	1,436.61	186.09	1,622.70
	HEALTH TRADITION HEALTH PLAN	570.60	-	570.60	1,417.70	-	1,417.70
	HEALTHPARTNERS HEALTH PLAN	578.34	161.36	739.70	1,436.61	403.79	1,840.40
*	PHYSICIANS PLUS	578.34	2.26	580.60	1,436.61	6.09	1,442.70
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
3	STANDARD PLAN - BALANCE OF STATE	578.34	416.36	994.70	1,436.61	1,045.09	2,481.70

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
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IYC Local HDHP; No Dental - P17

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	716.21	106.89	823.10	1,783.32	265.58	2,048.90
3	GHC OF EAU CLAIRE	716.21	117.39	833.60	1,783.32	291.88	2,075.20
*	HEALTHPARTNERS HEALTH PLAN	716.21	23.49	739.70	1,783.32	57.08	1,840.40
3	SECURITY HEALTH PLAN	716.21	146.39	862.60	1,783.32	364.38	2,147.70
3	STANDARD PLAN - BALANCE OF STATE	716.21	278.49	994.70	1,783.32	698.38	2,481.70
	STATE MAINTENANCE PLAN	682.10	-	682.10	1,698.40	-	1,698.40
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	578.34	68.96	647.30	1,436.61	172.79	1,609.40
	ARISE HEALTH PLAN	578.34	282.76	861.10	1,436.61	707.29	2,143.90
*	DEAN HEALTH INSURANCE	578.34	19.96	598.30	1,436.61	50.29	1,486.90
3	HUMANA - EASTERN	578.34	388.16	966.50	1,436.61	970.79	2,407.40
	MERCYCARE HEALTH PLANS	564.20	-	564.20	1,401.70	-	1,401.70
*	PHYSICIANS PLUS	578.34	2.26	580.60	1,436.61	6.09	1,442.70
	UNITEDHEALTHCARE OF WISCONSIN	578.34	157.96	736.30	1,436.61	395.29	1,831.90
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
	WEA TRUST - EAST	578.34	85.26	663.60	1,436.61	213.59	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	578.34	416.36	994.70	1,436.61	1,045.09	2,481.70
WASHBURN							
3	GHC OF EAU CLAIRE	776.69	56.91	833.60	1,932.42	142.78	2,075.20
	HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
3	SECURITY HEALTH PLAN	776.69	85.91	862.60	1,932.42	215.28	2,147.70
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.69	69.31	846.00	1,932.42	173.78	2,106.20
3	STANDARD PLAN - BALANCE OF STATE	776.69	218.01	994.70	1,932.42	549.28	2,481.70
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	647.30	-	647.30	1,609.40	-	1,609.40
	ARISE HEALTH PLAN	679.67	181.43	861.10	1,689.87	454.03	2,143.90
3	HUMANA - EASTERN	679.67	286.83	966.50	1,689.87	717.53	2,407.40
* ^	NETWORK HEALTH SOUTHEAST	658.40	-	658.40	1,637.20	-	1,637.20
	UNITEDHEALTHCARE OF WISCONSIN	679.67	56.63	736.30	1,689.87	142.03	1,831.90
	WEA TRUST - EAST	663.60	-	663.60	1,650.20	-	1,650.20
3	STANDARD PLAN - WAUKESHA	679.67	315.03	994.70	1,689.87	791.83	2,481.70
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	578.34	68.96	647.30	1,436.61	172.79	1,609.40
	ARISE HEALTH PLAN	578.34	282.76	861.10	1,436.61	707.29	2,143.90
	DEAN HEALTH INSURANCE	578.34	19.96	598.30	1,436.61	50.29	1,486.90
3	HUMANA - EASTERN	578.34	388.16	966.50	1,436.61	970.79	2,407.40
* ^	NETWORK HEALTH SOUTHEAST	578.34	80.06	658.40	1,436.61	200.59	1,637.20
*	PHYSICIANS PLUS	578.34	2.26	580.60	1,436.61	6.09	1,442.70
	UNITEDHEALTHCARE OF WISCONSIN	578.34	157.96	736.30	1,436.61	395.29	1,831.90
	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
	WEA TRUST - EAST	578.34	85.26	663.60	1,436.61	213.59	1,650.20
3	STANDARD PLAN - WAUKESHA	578.34	416.36	994.70	1,436.61	1,045.09	2,481.70

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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
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	608.48	252.62	861.10	1,511.90	632.00	2,143.90
3	HUMANA - EASTERN	608.48	358.02	966.50	1,511.90	895.50	2,407.40
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,511.90	21.30	1,533.20
3	SECURITY HEALTH PLAN	608.48	254.12	862.60	1,511.90	635.80	2,147.70
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,511.90	320.00	1,831.90
	WEA TRUST - EAST	608.48	55.12	663.60	1,511.90	138.30	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,511.90	969.80	2,481.70
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
*	ARISE HEALTH PLAN	608.48	252.62	861.10	1,511.90	632.00	2,143.90
3	HUMANA - EASTERN	608.48	358.02	966.50	1,511.90	895.50	2,407.40
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,511.90	21.30	1,533.20
	PHYSICIANS PLUS	580.60	-	580.60	1,442.70	-	1,442.70
3	SECURITY HEALTH PLAN	608.48	254.12	862.60	1,511.90	635.80	2,147.70
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,511.90	320.00	1,831.90
	WEA TRUST - EAST	608.48	55.12	663.60	1,511.90	138.30	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,511.90	969.80	2,481.70
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	579.50	-	579.50	1,439.90	-	1,439.90
	ARISE HEALTH PLAN	608.48	252.62	861.10	1,511.90	632.00	2,143.90
3	HUMANA - EASTERN	608.48	358.02	966.50	1,511.90	895.50	2,407.40
	NETWORK HEALTH NORTHEAST	608.48	8.32	616.80	1,511.90	21.30	1,533.20
	UNITEDHEALTHCARE OF WISCONSIN	608.48	127.82	736.30	1,511.90	320.00	1,831.90
	WEA TRUST - EAST	608.48	55.12	663.60	1,511.90	138.30	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	608.48	386.22	994.70	1,511.90	969.80	2,481.70
WOOD							
	ARISE ASPIRUS	823.10	-	823.10	2,048.90	-	2,048.90
*	HEALTHPARTNERS HEALTH PLAN	739.70	-	739.70	1,840.40	-	1,840.40
*	PHYSICIANS PLUS	580.60	-	580.60	1,442.70	-	1,442.70
3	SECURITY HEALTH PLAN	862.60	-	862.60	2,147.70	-	2,147.70
*	UNITY HEALTH INSURANCE - COMMUNITY	550.80	-	550.80	1,368.20	-	1,368.20
*	WEA TRUST - EAST	663.60	-	663.60	1,650.20	-	1,650.20
3	STANDARD PLAN - BALANCE OF STATE	864.26	130.44	994.70	2,151.35	330.35	2,481.70