

# MEDICAL WITHOUT DENTAL COVERAGE

The non-Medicare and Medicare rates below reflect health care coverage that includes medical **without dental**. These are the total monthly premium rates that you would pay. When you enroll in a health plan, you will be automatically enrolled in the Uniform Dental Benefits. You can submit a health insurance application/change form to opt out during the It's Your Choice open enrollment period. See footnotes on the back of this page.

Health Plan Name	Non-Medicare Rates				Medicare Rates		
	IYC Health Plan		HDHP <sup>1</sup>		IYC Health Plan Medicare <sup>1</sup>		
	Single	Family	Single	Family	Medicare Single	Medicare 1 <sup>2</sup>	Medicare 2 <sup>3</sup>
Anthem Blue Preferred Northeast	744.50	1,852.60	641.20	1,594.10	520.10	1,258.70	1,034.30
Anthem Blue Preferred Southeast	767.40	1,909.80	660.90	1,643.40	531.80	1,293.30	1,057.70
Arise Health Plan	746.90	1,858.60	643.20	1,599.10	521.50	1,262.50	1,037.10
Arise Health Plan - Aspirus Arise	728.50	1,812.60	627.40	1,559.60	512.30	1,234.90	1,018.70
Dean Health Insurance	603.10	1,499.10	519.60	1,290.10	423.40	1,020.60	840.90
Dean Health Insurance-Prevea360	659.50	1,640.10	568.10	1,411.40	471.40	1,125.00	936.90
GHC of Eau Claire	779.70	1,940.60	671.40	1,669.60	493.40	1,267.20	980.90
GHC of South Central Wisconsin	614.20	1,526.80	529.10	1,313.90	455.20	1,063.50	904.50
Gundersen Health Plan	772.30	1,922.10	665.10	1,653.90	420.90	1,187.30	835.90
Health Tradition Health Plan	749.40	1,864.80	645.40	1,604.60	409.80	1,153.30	813.70
HealthPartners Health Plan	691.70	1,720.60	595.80	1,480.60	493.90	1,179.70	981.90
Humana-Eastern	780.70	1,943.10	672.30	1,671.90	395.60	1,170.40	785.30
Humana-Western	835.60	2,080.30	719.50	1,789.90	395.60	1,225.30	785.30
IYC Access Health Plan	1,305.20	3,257.70	1,100.50	2,745.90	NA <sup>4</sup>	1,710.60	NA <sup>4</sup>
IYC Medicare Plus <sup>4</sup>	NA <sup>4</sup>	NA <sup>4</sup>	NA <sup>1</sup>	NA <sup>1</sup>	400.40	NA <sup>4</sup>	795.80
Medical Associates Health Plans	661.50	1,645.10	569.80	1,415.60	378.90	1,034.50	751.90
MercyCare Health Plans	614.40	1,527.30	529.30	1,314.40	408.10	1,016.60	810.30
Network Health - Northeast	749.10	1,864.10	645.10	1,603.90	462.10	1,205.30	918.30
Network Health - Southeast	785.30	1,954.60	676.30	1,681.90	435.30	1,214.70	864.70
Physicians Plus	653.30	1,624.60	562.70	1,397.90	462.20	1,109.60	918.50
Security Health Plan	809.50	2,015.10	697.10	1,733.90	552.80	1,356.40	1,099.70
State Maintenance Plan (SMP)	807.80	2,014.20	682.00	1,699.70	NA <sup>4</sup>	1,208.60	NA <sup>4</sup>
UnitedHealthcare of Wisconsin	757.90	1,886.10	652.70	1,622.90	527.00	1,279.00	1,048.10
Unity Health Insurance-Community	742.60	1,847.80	639.50	1,589.90	488.20	1,224.90	970.50
Unity Health Insurance-UW Health	655.10	1,629.10	564.30	1,401.90	448.80	1,098.00	891.70
WEA Trust-East	757.40	1,884.80	652.30	1,621.90	430.90	1,182.40	855.90
WEA Trust-Northwest Chippewa Valley	796.60	1,982.80	686.00	1,706.10	444.60	1,235.30	883.30
WEA Trust-Northwest Mayo Clinic Hlth. Sys.	796.60	1,982.80	686.00	1,706.10	444.60	1,235.30	883.30
WEA Trust-South Central	576.30	1,432.10	496.50	1,232.40	367.50	937.90	729.10

<sup>1</sup>Medicare rates do not apply to the HDHP.

<sup>2</sup>Medicare 1 = Family coverage with at least one insured family member enrolled in Medicare Parts A, B and D.

<sup>3</sup>Medicare 2 = Family coverage with all insured family members enrolled in Medicare Parts A, B and D.

<sup>4</sup>Members with IYC Access Health Plan or SMP coverage who become enrolled in Medicare Parts A and B will automatically be moved to the IYC Medicare Plus plan. All other non-Medicare family members will remain covered under the IYC Access Health Plan or SMP.