2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan * = Not In Calculation - Plan Not Qualified in LCQP

IYC Local Deductible; With Dental - P04

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	695.77	49.57	745.34	1,714.00	125.18	1,839.18
	PHYSICIANS PLUS	695.77	23.57	719.34	1,714.00	60.18	1,774.18
3	SECURITY HEALTH PLAN - CENTRAL	695.77	355.47	1,051.24	1,714.00	889.88	2,603.88
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	695.77	133.57	829.34	1,714.00	335.18	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.77	542.33	1,238.10	1,714.00	1,373.94	3,087.94
ASHLAND							
	GHC OF EAU CLAIRE	885.19	17.05	902.24	2,187.55	43.83	2,231.38
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	885.19	166.05	1,051.24	2,187.55	416.33	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	885.19	161.45	1,046.64	2,187.55	404.83	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	885.19	352.91	1,238.10	2,187.55	900.39	3,087.94
BARRON							
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	HUMANA - WESTERN	885.19	340.85	1,226.04	2,187.55	853.33	3,040.88
3	SECURITY HEALTH PLAN - CENTRAL	885.19	166.05	1,051.24	2,187.55	416.33	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	885.19	161.45	1,046.64	2,187.55	404.83	2,592.38
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	885.19	161.45	1,046.64	2,187.55	404.83	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	885.19	352.91	1,238.10	2,187.55	900.39	3,087.94
BAYFIELD							
*	GHC OF EAU CLAIRE	859.09	43.15	902.24	2,139.06	92.32	2,231.38
*	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
* 3	SECURITY HEALTH PLAN - CENTRAL	859.09	192.15	1,051.24	2,139.06	464.82	2,603.88
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	859.09	187.55	1,046.64	2,139.06	453.32	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	859.09	379.01	1,238.10	2,139.06	948.88	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	818.18	-	818.18	2,037.20	-	2,037.20
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
	DEAN HEALTH INSURANCE - PREVEA360	722.24	-	722.24	1,781.38	-	1,781.38
3	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
3	SECURITY HEALTH PLAN - VALLEY	749.11	302.13	1,051.24	1,847.35	756.53	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
	WEA TRUST - EAST	749.11	80.23	829.34	1,847.35	201.83	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	670.34	-	670.34	1,651.68	-	1,651.68
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	859.09	187.55	1,046.64	2,139.06	453.32	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	859.09	379.01	1,238.10	2,139.06	948.88	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	818.18	-	818.18	2,037.20	-	2,037.20

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible; With Dental - P04

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
BURNETT							
	GHC OF EAU CLAIRE	885.19	17.05	902.24	2,187.55	43.83	2,231.38
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	885.19	166.05	1,051.24	2,187.55	416.33	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	885.19	352.91	1,238.10	2,187.55	900.39	3,087.94
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
* 3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
3	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
*	WEA TRUST - EAST	749.11	80.23	829.34	1,847.35	201.83	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
	HEALTHPARTNERS HEALTH PLAN	693.15	149.89	843.04	1,707.49	375.89	2,083.38
3	HUMANA - WESTERN	693.15	532.89	1,226.04	1,707.49	1,333.39	3,040.88
3	SECURITY HEALTH PLAN - CENTRAL	693.15	358.09	1,051.24	1,707.49	896.39	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	693.15	353.49	1,046.64	1,707.49	884.89	2,592.38
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	693.15	353.49	1,046.64	1,707.49	884.89	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	693.15	544.95	1,238.10	1,707.49	1,380.45	3,087.94
CLARK							
* 3	ARISE HEALTH PLAN	885.19	164.35	1,049.54	2,187.55	412.13	2,599.68
	GHC OF EAU CLAIRE	885.19	17.05	902.24	2,187.55	43.83	2,231.38
*	GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	885.19	166.05	1,051.24	2,187.55	416.33	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	885.19	161.45	1,046.64	2,187.55	404.83	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	885.19	352.91	1,238.10	2,187.55	900.39	3,087.94
COLUMBIA							
3	ARISE HEALTH PLAN	693.25	356.29	1,049.54	1,707.70	891.98	2,599.68
	DEAN HEALTH INSURANCE	693.25	52.09	745.34	1,707.70	131.48	1,839.18
	GHC OF SOUTH CENTRAL WISCONSIN	660.24	-	660.24	1,626.38	-	1,626.38
	PHYSICIANS PLUS	693.25	26.09	719.34	1,707.70	66.48	1,774.18
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	693.25	136.09	829.34	1,707.70	341.48	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	693.25	544.85	1,238.10	1,707.70	1,380.24	3,087.94
CRAWFORD							
* 3	ARISE HEALTH PLAN	647.37	402.17	1,049.54	1,593.04	1,006.64	2,599.68
	GUNDERSEN HEALTH PLAN	647.37	12.77	660.14	1,593.04	33.14	1,626.18
	HEALTH TRADITION HEALTH PLAN	647.37	22.97	670.34	1,593.04	58.64	1,651.68
	HEALTHPARTNERS HEALTH PLAN	647.37	195.67	843.04	1,593.04	490.34	2,083.38
	MEDICAL ASSOCIATES HEALTH PLANS	616.54	-	616.54	1,517.18	-	1,517.18
*	UNITY HEALTH INSURANCE - COMMUNITY	647.37	15.27	662.64	1,593.04	39.34	1,632.38
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	647.37	399.27	1,046.64	1,593.04	999.34	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	647.37	590.73	1,238.10	1,593.04	1,494.90	3,087.94

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IYC Local Deductible; With Dental - P04

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
DANE							
	DEAN HEALTH INSURANCE	626.79	118.55	745.34	1,541.59	297.59	1,839.18
	GHC OF SOUTH CENTRAL WISCONSIN	626.79	33.45	660.24	1,541.59	84.79	1,626.38
	PHYSICIANS PLUS	626.79	92.55	719.34	1,541.59	232.59	1,774.18
	UNITY HEALTH INSURANCE - UW HEALTH	596.94	-	596.94	1,468.18	-	1,468.18
3	IYC ACCESS HEALTH PLAN - DANE	626.79	522.05	1,148.84	1,541.59	1,323.15	2,864.74
DODGE							
3	ARISE HEALTH PLAN	695.77	353.77	1,049.54	1,714.00	885.68	2,599.68
	DEAN HEALTH INSURANCE	695.77	49.57	745.34	1,714.00	125.18	1,839.18
3	HUMANA - EASTERN	695.77	371.77	1,067.54	1,714.00	930.68	2,644.68
	NETWORK HEALTH - NORTHEAST	695.77	47.57	743.34	1,714.00	120.18	1,834.18
	PHYSICIANS PLUS	695.77	23.57	719.34	1,714.00	60.18	1,774.18
	UNITEDHEALTHCARE OF WISCONSIN	695.77	204.87	900.64	1,714.00	513.38	2,227.38
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	695.77	133.57	829.34	1,714.00	335.18	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.77	542.33	1,238.10	1,714.00	1,373.94	3,087.94
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
*	DEAN HEALTH INSURANCE - PREVEA360	722.24	-	722.24	1,781.38	-	1,781.38
3	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
	WEA TRUST - EAST	749.11	80.23	829.34	1,847.35	201.83	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94
DOUGLAS							
	GHC OF EAU CLAIRE	885.19	17.05	902.24	2,187.55	43.83	2,231.38
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	HUMANA - WESTERN	885.19	340.85	1,226.04	2,187.55	853.33	3,040.88
3	SECURITY HEALTH PLAN - CENTRAL	885.19	166.05	1,051.24	2,187.55	416.33	2,603.88
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	885.19	161.45	1,046.64	2,187.55	404.83	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	885.19	352.91	1,238.10	2,187.55	900.39	3,087.94
DUNN							
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	HUMANA - WESTERN	885.19	340.85	1,226.04	2,187.55	853.33	3,040.88
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	885.19	161.45	1,046.64	2,187.55	404.83	2,592.38
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	885.19	161.45	1,046.64	2,187.55	404.83	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	885.19	352.91	1,238.10	2,187.55	900.39	3,087.94

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IYC Local Deductible; With Dental - P04

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
EAU CLAIRE							
* 3	ARISE HEALTH PLAN	693.15	356.39	1,049.54	1,707.49	892.19	2,599.68
	GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
	HEALTHPARTNERS HEALTH PLAN	693.15	149.89	843.04	1,707.49	375.89	2,083.38
3	HUMANA - WESTERN	693.15	532.89	1,226.04	1,707.49	1,333.39	3,040.88
3	SECURITY HEALTH PLAN - CENTRAL	693.15	358.09	1,051.24	1,707.49	896.39	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	693.15	353.49	1,046.64	1,707.49	884.89	2,592.38
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	693.15	353.49	1,046.64	1,707.49	884.89	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	693.15	544.95	1,238.10	1,707.49	1,380.45	3,087.94
FLORENCE							
* 3	ARISE HEALTH PLAN	859.09	190.45	1,049.54	2,139.06	460.62	2,599.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	859.09	379.01	1,238.10	2,139.06	948.88	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	818.18	-	818.18	2,037.20	-	2,037.20
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	695.77	17.67	713.44	1,714.00	45.38	1,759.38
3	ARISE HEALTH PLAN	695.77	353.77	1,049.54	1,714.00	885.68	2,599.68
	DEAN HEALTH INSURANCE	695.77	49.57	745.34	1,714.00	125.18	1,839.18
3	HUMANA - EASTERN	695.77	371.77	1,067.54	1,714.00	930.68	2,644.68
	NETWORK HEALTH - NORTHEAST	695.77	47.57	743.34	1,714.00	120.18	1,834.18
	UNITEDHEALTHCARE OF WISCONSIN	695.77	204.87	900.64	1,714.00	513.38	2,227.38
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	695.77	133.57	829.34	1,714.00	335.18	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.77	542.33	1,238.10	1,714.00	1,373.94	3,087.94
FOREST							
* 3	ARISE HEALTH PLAN	859.09	190.45	1,049.54	2,139.06	460.62	2,599.68
* 3	SECURITY HEALTH PLAN - CENTRAL	859.09	192.15	1,051.24	2,139.06	464.82	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	859.09	379.01	1,238.10	2,139.06	948.88	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	818.18	-	818.18	2,037.20	-	2,037.20
GRANT							
* 3	ARISE HEALTH PLAN	647.37	402.17	1,049.54	1,593.04	1,006.64	2,599.68
	DEAN HEALTH INSURANCE	647.37	97.97	745.34	1,593.04	246.14	1,839.18
	GUNDERSEN HEALTH PLAN	647.37	12.77	660.14	1,593.04	33.14	1,626.18
	HEALTH TRADITION HEALTH PLAN	647.37	22.97	670.34	1,593.04	58.64	1,651.68
	MEDICAL ASSOCIATES HEALTH PLANS	616.54	-	616.54	1,517.18	-	1,517.18
	PHYSICIANS PLUS	647.37	71.97	719.34	1,593.04	181.14	1,774.18
	UNITY HEALTH INSURANCE - COMMUNITY	647.37	15.27	662.64	1,593.04	39.34	1,632.38
3	IYC ACCESS HEALTH PLAN - DANE	647.37	501.47	1,148.84	1,593.04	1,271.70	2,864.74
GREEN							
	DEAN HEALTH INSURANCE	695.77	49.57	745.34	1,714.00	125.18	1,839.18
3	HUMANA - EASTERN	695.77	371.77	1,067.54	1,714.00	930.68	2,644.68
*	MERCYCARE HEALTH PLANS	695.64	-	695.64	1,714.00	0.88	1,714.88
	PHYSICIANS PLUS	695.77	23.57	719.34	1,714.00	60.18	1,774.18
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.77	542.33	1,238.10	1,714.00	1,373.94	3,087.94

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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
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
*	DEAN HEALTH INSURANCE	745.34	-	745.34	1,839.18	-	1,839.18
3	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
*	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
*	PHYSICIANS PLUS	719.34	-	719.34	1,774.18	-	1,774.18
3	SECURITY HEALTH PLAN - VALLEY	749.11	302.13	1,051.24	1,847.35	756.53	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
	WEA TRUST - EAST	749.11	80.23	829.34	1,847.35	201.83	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94
IOWA							
	DEAN HEALTH INSURANCE	647.37	97.97	745.34	1,593.04	246.14	1,839.18
	MEDICAL ASSOCIATES HEALTH PLANS	616.54	-	616.54	1,517.18	-	1,517.18
	PHYSICIANS PLUS	647.37	71.97	719.34	1,593.04	181.14	1,774.18
	UNITY HEALTH INSURANCE - COMMUNITY	647.37	15.27	662.64	1,593.04	39.34	1,632.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	647.37	590.73	1,238.10	1,593.04	1,494.90	3,087.94
IRON							
*	GHC OF EAU CLAIRE	859.09	43.15	902.24	2,139.06	92.32	2,231.38
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	859.09	187.55	1,046.64	2,139.06	453.32	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	859.09	379.01	1,238.10	2,139.06	948.88	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	818.18	-	818.18	2,037.20	-	2,037.20
JACKSON							
	GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
	HEALTH TRADITION HEALTH PLAN	670.34	-	670.34	1,651.68	-	1,651.68
	HEALTHPARTNERS HEALTH PLAN	693.15	149.89	843.04	1,707.49	375.89	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	693.15	358.09	1,051.24	1,707.49	896.39	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	693.15	353.49	1,046.64	1,707.49	884.89	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	693.15	544.95	1,238.10	1,707.49	1,380.45	3,087.94
JEFFERSON							
* 3	ARISE HEALTH PLAN	695.77	353.77	1,049.54	1,714.00	885.68	2,599.68
	DEAN HEALTH INSURANCE	695.77	49.57	745.34	1,714.00	125.18	1,839.18
3	HUMANA - EASTERN	695.77	371.77	1,067.54	1,714.00	930.68	2,644.68
	MERCYCARE HEALTH PLANS	695.64	-	695.64	1,714.00	0.88	1,714.88
	PHYSICIANS PLUS	695.77	23.57	719.34	1,714.00	60.18	1,774.18
	UNITEDHEALTHCARE OF WISCONSIN	695.77	204.87	900.64	1,714.00	513.38	2,227.38
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	695.77	133.57	829.34	1,714.00	335.18	2,049.18
3	IYC ACCESS HEALTH PLAN - DANE	695.77	453.07	1,148.84	1,714.00	1,150.74	2,864.74

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan * = Not In Calculation - Plan Not Qualified in LCQP

IYC Local Deductible; With Dental - P04

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
JUNEAU							
* 3	ARISE HEALTH PLAN	693.15	356.39	1,049.54	1,707.49	892.19	2,599.68
*	DEAN HEALTH INSURANCE	693.15	52.19	745.34	1,707.49	131.69	1,839.18
	GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
	HEALTH TRADITION HEALTH PLAN	670.34	-	670.34	1,651.68	-	1,651.68
	PHYSICIANS PLUS	693.15	26.19	719.34	1,707.49	66.69	1,774.18
3	SECURITY HEALTH PLAN - CENTRAL	693.15	358.09	1,051.24	1,707.49	896.39	2,603.88
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	693.15	136.19	829.34	1,707.49	341.69	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	693.15	544.95	1,238.10	1,707.49	1,380.45	3,087.94
KENOSHA							
3	ARISE HEALTH PLAN	945.67	103.87	1,049.54	2,338.75	260.93	2,599.68
3	HUMANA - EASTERN	945.67	121.87	1,067.54	2,338.75	305.93	2,644.68
	UNITEDHEALTHCARE OF WISCONSIN	900.64	-	900.64	2,227.38	-	2,227.38
3	IYC ACCESS HEALTH PLAN - WAUKESHA	945.67	292.43	1,238.10	2,338.75	749.19	3,087.94
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
*	DEAN HEALTH INSURANCE - PREVEA360	722.24	-	722.24	1,781.38	-	1,781.38
3 *	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
*	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
3 *	SECURITY HEALTH PLAN - VALLEY	749.11	302.13	1,051.24	1,847.35	756.53	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
	WEA TRUST - EAST	749.11	80.23	829.34	1,847.35	201.83	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94
LACROSSE							
* 3	ARISE HEALTH PLAN	693.15	356.39	1,049.54	1,707.49	892.19	2,599.68
	GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
	HEALTH TRADITION HEALTH PLAN	670.34	-	670.34	1,651.68	-	1,651.68
	HEALTHPARTNERS HEALTH PLAN	693.15	149.89	843.04	1,707.49	375.89	2,083.38
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	693.15	353.49	1,046.64	1,707.49	884.89	2,592.38
3	IYC ACCESS HEALTH PLAN - DANE	693.15	455.69	1,148.84	1,707.49	1,157.25	2,864.74
LAFAYETTE							
*	DEAN HEALTH INSURANCE	647.37	97.97	745.34	1,593.04	246.14	1,839.18
	MEDICAL ASSOCIATES HEALTH PLANS	616.54	-	616.54	1,517.18	-	1,517.18
	PHYSICIANS PLUS	647.37	71.97	719.34	1,593.04	181.14	1,774.18
*	UNITY HEALTH INSURANCE - COMMUNITY	647.37	15.27	662.64	1,593.04	39.34	1,632.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	647.37	590.73	1,238.10	1,593.04	1,494.90	3,087.94
LANGLADE							
3	ARISE HEALTH PLAN	947.35	102.19	1,049.54	2,342.95	256.73	2,599.68
	GHC OF EAU CLAIRE	902.24	-	902.24	2,231.38	-	2,231.38
*	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	947.35	103.89	1,051.24	2,342.95	260.93	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	947.35	290.75	1,238.10	2,342.95	744.99	3,087.94

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible; With Dental - P04

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
LINCOLN							
* 3	ARISE HEALTH PLAN	885.19	164.35	1,049.54	2,187.55	412.13	2,599.68
	GHC OF EAU CLAIRE	885.19	17.05	902.24	2,187.55	43.83	2,231.38
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	885.19	166.05	1,051.24	2,187.55	416.33	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	885.19	352.91	1,238.10	2,187.55	900.39	3,087.94
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
	DEAN HEALTH INSURANCE - PREVEA360	722.24	-	722.24	1,781.38	-	1,781.38
3	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
	WEA TRUST - EAST	749.11	80.23	829.34	1,847.35	201.83	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94
MARATHON							
3	ARISE HEALTH PLAN	870.81	178.73	1,049.54	2,151.64	448.04	2,599.68
	GHC OF EAU CLAIRE	870.81	31.43	902.24	2,151.64	79.74	2,231.38
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	870.81	180.43	1,051.24	2,151.64	452.24	2,603.88
	WEA TRUST - EAST	829.34	-	829.34	2,049.18	-	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	870.81	367.29	1,238.10	2,151.64	936.30	3,087.94
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
*	DEAN HEALTH INSURANCE - PREVEA360	722.24	-	722.24	1,781.38	-	1,781.38
3	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
*	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94
MARQUETTE							
* 3	ARISE HEALTH PLAN	755.31	294.23	1,049.54	1,862.89	736.79	2,599.68
*	DEAN HEALTH INSURANCE	745.34	-	745.34	1,839.18	-	1,839.18
	PHYSICIANS PLUS	719.34	-	719.34	1,774.18	-	1,774.18
* 3	SECURITY HEALTH PLAN - VALLEY	755.31	295.93	1,051.24	1,862.89	740.99	2,603.88
*	UNITEDHEALTHCARE OF WISCONSIN	755.31	145.33	900.64	1,862.89	364.49	2,227.38
*	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	755.31	74.03	829.34	1,862.89	186.29	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	755.31	482.79	1,238.10	1,862.89	1,225.05	3,087.94
MENOMINEE							
* 3	ARISE HEALTH PLAN	859.09	190.45	1,049.54	2,139.06	460.62	2,599.68
*	WEA TRUST - EAST	829.34	-	829.34	2,049.18	-	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	859.09	379.01	1,238.10	2,139.06	948.88	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	818.18	-	818.18	2,037.20	-	2,037.20

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible; With Dental - P04

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
MILWAUKEE							
3	ARISE HEALTH PLAN	792.06	257.48	1,049.54	1,954.76	644.92	2,599.68
3	HUMANA - EASTERN	792.06	275.48	1,067.54	1,954.76	689.92	2,644.68
	NETWORK HEALTH - SOUTHEAST	754.34	-	754.34	1,861.68	-	1,861.68
	UNITEDHEALTHCARE OF WISCONSIN	792.06	108.58	900.64	1,954.76	272.62	2,227.38
	WEA TRUST - EAST	792.06	37.28	829.34	1,954.76	94.42	2,049.18
3	IYC ACCESS HEALTH PLAN - MILWAUKEE	792.06	546.30	1,338.36	1,954.76	1,383.72	3,338.48
MONROE							
* 3	ARISE HEALTH PLAN	693.15	356.39	1,049.54	1,707.49	892.19	2,599.68
	GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
	HEALTH TRADITION HEALTH PLAN	670.34	-	670.34	1,651.68	-	1,651.68
	HEALTHPARTNERS HEALTH PLAN	693.15	149.89	843.04	1,707.49	375.89	2,083.38
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	693.15	353.49	1,046.64	1,707.49	884.89	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	693.15	544.95	1,238.10	1,707.49	1,380.45	3,087.94
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
	DEAN HEALTH INSURANCE - PREVEA360	722.24	-	722.24	1,781.38	-	1,781.38
3	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
3	SECURITY HEALTH PLAN - VALLEY	749.11	302.13	1,051.24	1,847.35	756.53	2,603.88
*	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
	WEA TRUST - EAST	749.11	80.23	829.34	1,847.35	201.83	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94
ONEIDA							
* 3	ARISE HEALTH PLAN	885.19	164.35	1,049.54	2,187.55	412.13	2,599.68
	GHC OF EAU CLAIRE	885.19	17.05	902.24	2,187.55	43.83	2,231.38
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	885.19	166.05	1,051.24	2,187.55	416.33	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	885.19	352.91	1,238.10	2,187.55	900.39	3,087.94
OUTAGAMIE							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
*	DEAN HEALTH INSURANCE - PREVEA360	722.24	-	722.24	1,781.38	-	1,781.38
3	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
3	SECURITY HEALTH PLAN - VALLEY	749.11	302.13	1,051.24	1,847.35	756.53	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
	WEA TRUST - EAST	749.11	80.23	829.34	1,847.35	201.83	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94

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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
OZAUKEE							
3	ARISE HEALTH PLAN	792.06	257.48	1,049.54	1,954.76	644.92	2,599.68
3	HUMANA - EASTERN	792.06	275.48	1,067.54	1,954.76	689.92	2,644.68
	NETWORK HEALTH - SOUTHEAST	754.34	-	754.34	1,861.68	-	1,861.68
	UNITEDHEALTHCARE OF WISCONSIN	792.06	108.58	900.64	1,954.76	272.62	2,227.38
	WEA TRUST - EAST	792.06	37.28	829.34	1,954.76	94.42	2,049.18
3	IYC ACCESS HEALTH PLAN - WAUKESHA	792.06	446.04	1,238.10	1,954.76	1,133.18	3,087.94
PEPIN							
*	HEALTH TRADITION HEALTH PLAN	670.34	-	670.34	1,651.68	-	1,651.68
*	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
* 3	HUMANA - WESTERN	859.09	366.95	1,226.04	2,139.06	901.82	3,040.88
* 3	SECURITY HEALTH PLAN - CENTRAL	859.09	192.15	1,051.24	2,139.06	464.82	2,603.88
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	859.09	187.55	1,046.64	2,139.06	453.32	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	859.09	379.01	1,238.10	2,139.06	948.88	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	818.18	247.19	818.18	2,037.20	617.08	2,037.20
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3 *	HUMANA - WESTERN	885.19	340.85	1,226.04	2,187.55	853.33	3,040.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	885.19	161.45	1,046.64	2,187.55	404.83	2,592.38
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	885.19	161.45	1,046.64	2,187.55	404.83	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	885.19	352.91	1,238.10	2,187.55	900.39	3,087.94
POLK							
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	HUMANA - WESTERN	885.19	340.85	1,226.04	2,187.55	853.33	3,040.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	885.19	161.45	1,046.64	2,187.55	404.83	2,592.38
3	IYC ACCESS HEALTH PLAN - DANE	885.19	263.65	1,148.84	2,187.55	677.19	2,864.74
PORTAGE							
* 3	ARISE HEALTH PLAN	870.81	178.73	1,049.54	2,151.64	448.04	2,599.68
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
*	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
3	SECURITY HEALTH PLAN - CENTRAL	870.81	180.43	1,051.24	2,151.64	452.24	2,603.88
	WEA TRUST - EAST	829.34	-	829.34	2,049.18	-	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	870.81	367.29	1,238.10	2,151.64	936.30	3,087.94
PRICE							
* 3	ARISE HEALTH PLAN	947.35	102.19	1,049.54	2,342.95	256.73	2,599.68
	GHC OF EAU CLAIRE	902.24	-	902.24	2,231.38	-	2,231.38
*	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	947.35	103.89	1,051.24	2,342.95	260.93	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	947.35	290.75	1,238.10	2,342.95	744.99	3,087.94
RACINE							
3 *	ARISE HEALTH PLAN	792.06	257.48	1,049.54	1,954.76	644.92	2,599.68
3	HUMANA - EASTERN	792.06	275.48	1,067.54	1,954.76	689.92	2,644.68
	NETWORK HEALTH - SOUTHEAST	754.34	-	754.34	1,861.68	-	1,861.68
	UNITEDHEALTHCARE OF WISCONSIN	792.06	108.58	900.64	1,954.76	272.62	2,227.38
3	IYC ACCESS HEALTH PLAN - WAUKESHA	792.06	446.04	1,238.10	1,954.76	1,133.18	3,087.94

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IYC Local Deductible; With Dental - P04

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
RICHLAND							
	DEAN HEALTH INSURANCE	693.15	52.19	745.34	1,707.49	131.69	1,839.18
	GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
	HEALTH TRADITION HEALTH PLAN	670.34	-	670.34	1,651.68	-	1,651.68
	PHYSICIANS PLUS	693.15	26.19	719.34	1,707.49	66.69	1,774.18
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	693.15	544.95	1,238.10	1,707.49	1,380.45	3,087.94
ROCK							
	DEAN HEALTH INSURANCE	695.77	49.57	745.34	1,714.00	125.18	1,839.18
3	HUMANA - EASTERN	695.77	371.77	1,067.54	1,714.00	930.68	2,644.68
	MERCYCARE HEALTH PLANS	695.64	-	695.64	1,714.00	0.88	1,714.88
*	PHYSICIANS PLUS	695.77	23.57	719.34	1,714.00	60.18	1,774.18
	UNITEDHEALTHCARE OF WISCONSIN	695.77	204.87	900.64	1,714.00	513.38	2,227.38
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	695.77	133.57	829.34	1,714.00	335.18	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.77	542.33	1,238.10	1,714.00	1,373.94	3,087.94
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	859.09	192.15	1,051.24	2,139.06	464.82	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	859.09	187.55	1,046.64	2,139.06	453.32	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	859.09	379.01	1,238.10	2,139.06	948.88	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	818.18	-	818.18	2,037.20	-	2,037.20
SAUK							
	DEAN HEALTH INSURANCE	693.15	52.19	745.34	1,707.49	131.69	1,839.18
	GHC OF SOUTH CENTRAL WISCONSIN	660.24	-	660.24	1,626.38	-	1,626.38
	GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
	HEALTH TRADITION HEALTH PLAN	670.34	-	670.34	1,651.68	-	1,651.68
	PHYSICIANS PLUS	693.15	26.19	719.34	1,707.49	66.69	1,774.18
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	693.15	544.95	1,238.10	1,707.49	1,380.45	3,087.94
SAWYER							
	GHC OF EAU CLAIRE	885.19	17.05	902.24	2,187.55	43.83	2,231.38
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	885.19	166.05	1,051.24	2,187.55	416.33	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	885.19	352.91	1,238.10	2,187.55	900.39	3,087.94
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
3	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
*	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
* 3	SECURITY HEALTH PLAN - CENTRAL	749.11	302.13	1,051.24	1,847.35	756.53	2,603.88
3	SECURITY HEALTH PLAN - VALLEY	749.11	302.13	1,051.24	1,847.35	756.53	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
	WEA TRUST - EAST	749.11	80.23	829.34	1,847.35	201.83	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan * = Not In Calculation - Plan Not Qualified in LCQP

IYC Local Deductible; With Dental - P04

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
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
	DEAN HEALTH INSURANCE - PREVEA360	722.24	-	722.24	1,781.38	-	1,781.38
3	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
	WEA TRUST - EAST	749.11	80.23	829.34	1,847.35	201.83	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	HUMANA - WESTERN	885.19	340.85	1,226.04	2,187.55	853.33	3,040.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	885.19	161.45	1,046.64	2,187.55	404.83	2,592.38
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	885.19	161.45	1,046.64	2,187.55	404.83	2,592.38
3	IYC ACCESS HEALTH PLAN - DANE	885.19	263.65	1,148.84	2,187.55	677.19	2,864.74
TAYLOR							
3	ARISE HEALTH PLAN	947.35	102.19	1,049.54	2,342.95	256.73	2,599.68
	GHC OF EAU CLAIRE	902.24	-	902.24	2,231.38	-	2,231.38
*	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	947.35	103.89	1,051.24	2,342.95	260.93	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	947.35	290.75	1,238.10	2,342.95	744.99	3,087.94
TREMPEALEAU							
3	ARISE HEALTH PLAN	693.15	356.39	1,049.54	1,707.49	892.19	2,599.68
	GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
	HEALTH TRADITION HEALTH PLAN	670.34	-	670.34	1,651.68	-	1,651.68
*	HEALTHPARTNERS HEALTH PLAN	693.15	149.89	843.04	1,707.49	375.89	2,083.38
3 *	SECURITY HEALTH PLAN - CENTRAL	693.15	358.09	1,051.24	1,707.49	896.39	2,603.88
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	693.15	353.49	1,046.64	1,707.49	884.89	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	693.15	544.95	1,238.10	1,707.49	1,380.45	3,087.94
VERNON							
* 3	ARISE HEALTH PLAN	693.15	356.39	1,049.54	1,707.49	892.19	2,599.68
*	DEAN HEALTH INSURANCE	693.15	52.19	745.34	1,707.49	131.69	1,839.18
	GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
	HEALTH TRADITION HEALTH PLAN	670.34	-	670.34	1,651.68	-	1,651.68
*	PHYSICIANS PLUS	693.15	26.19	719.34	1,707.49	66.69	1,774.18
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	693.15	353.49	1,046.64	1,707.49	884.89	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	693.15	544.95	1,238.10	1,707.49	1,380.45	3,087.94
VILAS							
* 3	ARISE HEALTH PLAN	859.09	190.45	1,049.54	2,139.06	460.62	2,599.68
*	GHC OF EAU CLAIRE	859.09	43.15	902.24	2,139.06	92.32	2,231.38
*	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	859.09	192.15	1,051.24	2,139.06	464.82	2,603.88
3 *	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	859.09	379.01	1,238.10	2,139.06	948.88	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	818.18	-	818.18	2,037.20	-	2,037.20

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible; With Dental - P04

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
WALWORTH							
3	ARISE HEALTH PLAN	695.77	353.77	1,049.54	1,714.00	885.68	2,599.68
*	DEAN HEALTH INSURANCE	695.77	49.57	745.34	1,714.00	125.18	1,839.18
3	HUMANA - EASTERN	695.77	371.77	1,067.54	1,714.00	930.68	2,644.68
	MERCYCARE HEALTH PLANS	695.64	-	695.64	1,714.00	0.88	1,714.88
*	PHYSICIANS PLUS	695.77	23.57	719.34	1,714.00	60.18	1,774.18
	UNITEDHEALTHCARE OF WISCONSIN	695.77	204.87	900.64	1,714.00	513.38	2,227.38
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	695.77	133.57	829.34	1,714.00	335.18	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.77	542.33	1,238.10	1,714.00	1,373.94	3,087.94
WASHBURN							
	GHC OF EAU CLAIRE	885.19	17.05	902.24	2,187.55	43.83	2,231.38
	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	885.19	166.05	1,051.24	2,187.55	416.33	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	885.19	161.45	1,046.64	2,187.55	404.83	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	885.19	352.91	1,238.10	2,187.55	900.39	3,087.94
WASHINGTON							
3	ARISE HEALTH PLAN	792.06	257.48	1,049.54	1,954.76	644.92	2,599.68
3	HUMANA - EASTERN	792.06	275.48	1,067.54	1,954.76	689.92	2,644.68
	NETWORK HEALTH - SOUTHEAST	754.34	-	754.34	1,861.68	-	1,861.68
	UNITEDHEALTHCARE OF WISCONSIN	792.06	108.58	900.64	1,954.76	272.62	2,227.38
	WEA TRUST - EAST	792.06	37.28	829.34	1,954.76	94.42	2,049.18
3	IYC ACCESS HEALTH PLAN - WAUKESHA	792.06	446.04	1,238.10	1,954.76	1,133.18	3,087.94
WAUKESHA							
3	ARISE HEALTH PLAN	695.77	353.77	1,049.54	1,714.00	885.68	2,599.68
	DEAN HEALTH INSURANCE	695.77	49.57	745.34	1,714.00	125.18	1,839.18
3	HUMANA - EASTERN	695.77	371.77	1,067.54	1,714.00	930.68	2,644.68
	NETWORK HEALTH - SOUTHEAST	695.77	58.57	754.34	1,714.00	147.68	1,861.68
*	PHYSICIANS PLUS	695.77	23.57	719.34	1,714.00	60.18	1,774.18
	UNITEDHEALTHCARE OF WISCONSIN	695.77	204.87	900.64	1,714.00	513.38	2,227.38
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	695.77	133.57	829.34	1,714.00	335.18	2,049.18
3	IYC ACCESS HEALTH PLAN - WAUKESHA	695.77	542.33	1,238.10	1,714.00	1,373.94	3,087.94
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
3	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
*	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
3 *	SECURITY HEALTH PLAN - CENTRAL	749.11	302.13	1,051.24	1,847.35	756.53	2,603.88
3	SECURITY HEALTH PLAN - VALLEY	749.11	302.13	1,051.24	1,847.35	756.53	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
	WEA TRUST - EAST	749.11	80.23	829.34	1,847.35	201.83	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94

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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
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
3	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
*	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
	PHYSICIANS PLUS	719.34	-	719.34	1,774.18	-	1,774.18
3	SECURITY HEALTH PLAN - VALLEY	749.11	302.13	1,051.24	1,847.35	756.53	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
	WEA TRUST - EAST	749.11	80.23	829.34	1,847.35	201.83	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	749.11	300.43	1,049.54	1,847.35	752.33	2,599.68
3	HUMANA - EASTERN	749.11	318.43	1,067.54	1,847.35	797.33	2,644.68
	NETWORK HEALTH - NORTHEAST	743.34	-	743.34	1,834.18	-	1,834.18
* 3	SECURITY HEALTH PLAN - VALLEY	749.11	302.13	1,051.24	1,847.35	756.53	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	749.11	151.53	900.64	1,847.35	380.03	2,227.38
	WEA TRUST - EAST	749.11	80.23	829.34	1,847.35	201.83	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	749.11	488.99	1,238.10	1,847.35	1,240.59	3,087.94
WOOD							
3	ARISE HEALTH PLAN	870.81	178.73	1,049.54	2,151.64	448.04	2,599.68
*	HEALTHPARTNERS HEALTH PLAN	843.04	-	843.04	2,083.38	-	2,083.38
*	PHYSICIANS PLUS	719.34	-	719.34	1,774.18	-	1,774.18
3	SECURITY HEALTH PLAN - CENTRAL	870.81	180.43	1,051.24	2,151.64	452.24	2,603.88
*	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	829.34	-	829.34	2,049.18	-	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	870.81	367.29	1,238.10	2,151.64	936.30	3,087.94