2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

IYC Local Deductible; With Dental - P04

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	650.47	94.87	745.34	1,604.88	234.30	1,839.18
	PHYSICIANS PLUS	650.47	68.87	719.34	1,604.88	169.30	1,774.18
3	SECURITY HEALTH PLAN - CENTRAL	650.47	400.77	1,051.24	1,604.88	999.00	2,603.88
	UNITY HEALTH INSURANCE - COMMUNITY	650.47	12.17	662.64	1,604.88	27.50	1,632.38
	WEA TRUST - EAST	650.47	178.87	829.34	1,604.88	444.30	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	650.47	587.63	1,238.10	1,604.88	1,483.06	3,087.94
ASHLAND							
	GHC OF EAU CLAIRE	767.92	134.32	902.24	1,898.49	332.89	2,231.38
	HEALTHPARTNERS HEALTH PLAN	767.92	75.12	843.04	1,898.49	184.89	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	767.92	283.32	1,051.24	1,898.49	705.39	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	767.92	278.72	1,046.64	1,898.49	693.89	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	767.92	470.18	1,238.10	1,898.49	1,189.45	3,087.94
BARRON							
	HEALTHPARTNERS HEALTH PLAN	741.88	101.16	843.04	1,833.37	250.01	2,083.38
3	HUMANA - WESTERN	741.88	484.16	1,226.04	1,833.37	1,207.51	3,040.88
3	SECURITY HEALTH PLAN - CENTRAL	741.88	309.36	1,051.24	1,833.37	770.51	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	741.88	304.76	1,046.64	1,833.37	759.01	2,592.38
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	741.88	304.76	1,046.64	1,833.37	759.01	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	741.88	496.22	1,238.10	1,833.37	1,254.57	3,087.94
BAYFIELD							
*	GHC OF EAU CLAIRE	720.00	182.24	902.24	1,792.74	438.64	2,231.38
*	HEALTHPARTNERS HEALTH PLAN	720.00	123.04	843.04	1,792.74	290.64	2,083.38
3 *	SECURITY HEALTH PLAN - CENTRAL	720.00	331.24	1,051.24	1,792.74	811.14	2,603.88
3 *	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	720.00	326.64	1,046.64	1,792.74	799.64	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	720.00	518.10	1,238.10	1,792.74	1,295.20	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	720.00	98.18	818.18	1,792.74	244.46	2,037.20
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	687.98	25.46	713.44	1,698.66	60.72	1,759.38
3	ARISE HEALTH PLAN	687.98	361.56	1,049.54	1,698.66	901.02	2,599.68
	DEAN HEALTH INSURANCE - PREVEA360	687.98	34.26	722.24	1,698.66	82.72	1,781.38
3	HUMANA - EASTERN	687.98	379.56	1,067.54	1,698.66	946.02	2,644.68
	NETWORK HEALTH - NORTHEAST	687.98	55.36	743.34	1,698.66	135.52	1,834.18
3	SECURITY HEALTH PLAN - VALLEY	687.98	363.26	1,051.24	1,698.66	905.22	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	687.98	212.66	900.64	1,698.66	528.72	2,227.38
	WEA TRUST - EAST	687.98	141.36	829.34	1,698.66	350.52	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	687.98	550.12	1,238.10	1,698.66	1,389.28	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	720.00	326.64	1,046.64	1,792.74	799.64	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	720.00	518.10	1,238.10	1,792.74	1,295.20	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	720.00	98.18	818.18	1,792.74	244.46	2,037.20

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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
BURNETT							
	GHC OF EAU CLAIRE	767.92	134.32	902.24	1,898.49	332.89	2,231.38
	HEALTHPARTNERS HEALTH PLAN	767.92	75.12	843.04	1,898.49	184.89	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	767.92	283.32	1,051.24	1,898.49	705.39	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	767.92	470.18	1,238.10	1,898.49	1,189.45	3,087.94
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	691.51	21.93	713.44	1,707.48	51.90	1,759.38
3 *	ARISE HEALTH PLAN	691.51	358.03	1,049.54	1,707.48	892.20	2,599.68
3	HUMANA - EASTERN	691.51	376.03	1,067.54	1,707.48	937.20	2,644.68
	NETWORK HEALTH - NORTHEAST	691.51	51.83	743.34	1,707.48	126.70	1,834.18
	UNITEDHEALTHCARE OF WISCONSIN	691.51	209.13	900.64	1,707.48	519.90	2,227.38
*	WEA TRUST - EAST	691.51	137.83	829.34	1,707.48	341.70	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	691.51	546.59	1,238.10	1,707.48	1,380.46	3,087.94
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
	HEALTHPARTNERS HEALTH PLAN	661.40	181.64	843.04	1,632.21	451.17	2,083.38
3	HUMANA - WESTERN	661.40	564.64	1,226.04	1,632.21	1,408.67	3,040.88
3	SECURITY HEALTH PLAN - CENTRAL	661.40	389.84	1,051.24	1,632.21	971.67	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	661.40	385.24	1,046.64	1,632.21	960.17	2,592.38
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	661.40	385.24	1,046.64	1,632.21	960.17	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	661.40	576.70	1,238.10	1,632.21	1,455.73	3,087.94
CLARK							
3 *	ARISE HEALTH PLAN	767.92	281.62	1,049.54	1,898.49	701.19	2,599.68
	GHC OF EAU CLAIRE	767.92	134.32	902.24	1,898.49	332.89	2,231.38
*	GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
	HEALTHPARTNERS HEALTH PLAN	767.92	75.12	843.04	1,898.49	184.89	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	767.92	283.32	1,051.24	1,898.49	705.39	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	767.92	278.72	1,046.64	1,898.49	693.89	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	767.92	470.18	1,238.10	1,898.49	1,189.45	3,087.94
COLUMBIA							
3	ARISE HEALTH PLAN	636.57	412.97	1,049.54	1,570.15	1,029.53	2,599.68
	DEAN HEALTH INSURANCE	636.57	108.77	745.34	1,570.15	269.03	1,839.18
	GHC OF SOUTH CENTRAL WISCONSIN	636.57	23.67	660.24	1,570.15	56.23	1,626.38
	PHYSICIANS PLUS	636.57	82.77	719.34	1,570.15	204.03	1,774.18
	UNITY HEALTH INSURANCE - COMMUNITY	636.57	26.07	662.64	1,570.15	62.23	1,632.38
	WEA TRUST - EAST	636.57	192.77	829.34	1,570.15	479.03	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	636.57	601.53	1,238.10	1,570.15	1,517.79	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
CRAWFORD							
3 *	ARISE HEALTH PLAN	613.81	435.73	1,049.54	1,513.25	1,086.43	2,599.68
	GUNDERSEN HEALTH PLAN	613.81	46.33	660.14	1,513.25	112.93	1,626.18
	HEALTH TRADITION HEALTH PLAN	613.81	56.53	670.34	1,513.25	138.43	1,651.68
	HEALTHPARTNERS HEALTH PLAN	613.81	229.23	843.04	1,513.25	570.13	2,083.38
	MEDICAL ASSOCIATES HEALTH PLANS	613.81	2.73	616.54	1,513.25	3.93	1,517.18
*	UNITY HEALTH INSURANCE - COMMUNITY	613.81	48.83	662.64	1,513.25	119.13	1,632.38
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	613.81	432.83	1,046.64	1,513.25	1,079.13	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	613.81	624.29	1,238.10	1,513.25	1,574.69	3,087.94
DANE							
	DEAN HEALTH INSURANCE	598.81	146.53	745.34	1,475.74	363.44	1,839.18
	GHC OF SOUTH CENTRAL WISCONSIN	598.81	61.43	660.24	1,475.74	150.64	1,626.38
	PHYSICIANS PLUS	598.81	120.53	719.34	1,475.74	298.44	1,774.18
	UNITY HEALTH INSURANCE - UW HEALTH	596.94	-	596.94	1,468.18	-	1,468.18
3	IYC ACCESS HEALTH PLAN - DANE	598.81	550.03	1,148.84	1,475.74	1,389.00	2,864.74
DODGE							
3	ARISE HEALTH PLAN	674.76	374.78	1,049.54	1,665.62	934.06	2,599.68
	DEAN HEALTH INSURANCE	674.76	70.58	745.34	1,665.62	173.56	1,839.18
3	HUMANA - EASTERN	674.76	392.78	1,067.54	1,665.62	979.06	2,644.68
	NETWORK HEALTH - NORTHEAST	674.76	68.58	743.34	1,665.62	168.56	1,834.18
	PHYSICIANS PLUS	674.76	44.58	719.34	1,665.62	108.56	1,774.18
	UNITEDHEALTHCARE OF WISCONSIN	674.76	225.88	900.64	1,665.62	561.76	2,227.38
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	674.76	154.58	829.34	1,665.62	383.56	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	674.76	563.34	1,238.10	1,665.62	1,422.32	3,087.94
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	701.09	12.35	713.44	1,731.43	27.95	1,759.38
3	ARISE HEALTH PLAN	701.09	348.45	1,049.54	1,731.43	868.25	2,599.68
*	DEAN HEALTH INSURANCE - PREVEA360	701.09	21.15	722.24	1,731.43	49.95	1,781.38
3	HUMANA - EASTERN	701.09	366.45	1,067.54	1,731.43	913.25	2,644.68
	NETWORK HEALTH - NORTHEAST	701.09	42.25	743.34	1,731.43	102.75	1,834.18
	UNITEDHEALTHCARE OF WISCONSIN	701.09	199.55	900.64	1,731.43	495.95	2,227.38
	WEA TRUST - EAST	701.09	128.25	829.34	1,731.43	317.75	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	701.09	537.01	1,238.10	1,731.43	1,356.51	3,087.94
DOUGLAS							
	GHC OF EAU CLAIRE	767.92	134.32	902.24	1,898.49	332.89	2,231.38
	HEALTHPARTNERS HEALTH PLAN	767.92	75.12	843.04	1,898.49	184.89	2,083.38
3	HUMANA - WESTERN	767.92	458.12	1,226.04	1,898.49	1,142.39	3,040.88
3	SECURITY HEALTH PLAN - CENTRAL	767.92	283.32	1,051.24	1,898.49	705.39	2,603.88
3 *	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	767.92	278.72	1,046.64	1,898.49	693.89	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	767.92	470.18	1,238.10	1,898.49	1,189.45	3,087.94

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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
DUNN								
		HEALTHPARTNERS HEALTH PLAN	741.88	101.16	843.04	1,833.37	250.01	2,083.38
	3	HUMANA - WESTERN	741.88	484.16	1,226.04	1,833.37	1,207.51	3,040.88
	3 *	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	741.88	304.76	1,046.64	1,833.37	759.01	2,592.38
	3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	741.88	304.76	1,046.64	1,833.37	759.01	2,592.38
	3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	741.88	496.22	1,238.10	1,833.37	1,254.57	3,087.94
EAU CLAIRE								
	3 *	ARISE HEALTH PLAN	661.40	388.14	1,049.54	1,632.21	967.47	2,599.68
		GUNDERSEN HEALTH PLAN	660.14	-	660.14	1,626.18	-	1,626.18
		HEALTHPARTNERS HEALTH PLAN	661.40	181.64	843.04	1,632.21	451.17	2,083.38
	3	HUMANA - WESTERN	661.40	564.64	1,226.04	1,632.21	1,408.67	3,040.88
	3	SECURITY HEALTH PLAN - CENTRAL	661.40	389.84	1,051.24	1,632.21	971.67	2,603.88
	3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	661.40	385.24	1,046.64	1,632.21	960.17	2,592.38
	3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	661.40	385.24	1,046.64	1,632.21	960.17	2,592.38
	3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	661.40	576.70	1,238.10	1,632.21	1,455.73	3,087.94
FLORENCE								
	3 *	ARISE HEALTH PLAN	720.00	329.54	1,049.54	1,792.74	806.94	2,599.68
	3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	720.00	518.10	1,238.10	1,792.74	1,295.20	3,087.94
		STATE MAINTENANCE PLAN (SMP) WPE	720.00	98.18	818.18	1,792.74	244.46	2,037.20
FOND DU LAC								
		ANTHEM BLUE PREFERRED NORTHEAST	673.90	39.54	713.44	1,663.45	95.93	1,759.38
	3	ARISE HEALTH PLAN	673.90	375.64	1,049.54	1,663.45	936.23	2,599.68
		DEAN HEALTH INSURANCE	673.90	71.44	745.34	1,663.45	175.73	1,839.18
	3	HUMANA - EASTERN	673.90	393.64	1,067.54	1,663.45	981.23	2,644.68
		NETWORK HEALTH - NORTHEAST	673.90	69.44	743.34	1,663.45	170.73	1,834.18
		UNITEDHEALTHCARE OF WISCONSIN	673.90	226.74	900.64	1,663.45	563.93	2,227.38
		UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
		WEA TRUST - EAST	673.90	155.44	829.34	1,663.45	385.73	2,049.18
	3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	673.90	564.20	1,238.10	1,663.45	1,424.49	3,087.94
FOREST								
	3 *	ARISE HEALTH PLAN	720.00	329.54	1,049.54	1,792.74	806.94	2,599.68
	3 *	SECURITY HEALTH PLAN - CENTRAL	720.00	331.24	1,051.24	1,792.74	811.14	2,603.88
	3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	720.00	518.10	1,238.10	1,792.74	1,295.20	3,087.94
		STATE MAINTENANCE PLAN (SMP) WPE	720.00	98.18	818.18	1,792.74	244.46	2,037.20
GRANT								
	3 *	ARISE HEALTH PLAN	597.57	451.97	1,049.54	1,472.65	1,127.03	2,599.68
		DEAN HEALTH INSURANCE	597.57	147.77	745.34	1,472.65	366.53	1,839.18
		GUNDERSEN HEALTH PLAN	597.57	62.57	660.14	1,472.65	153.53	1,626.18
		HEALTH TRADITION HEALTH PLAN	597.57	72.77	670.34	1,472.65	179.03	1,651.68
		MEDICAL ASSOCIATES HEALTH PLANS	597.57	18.97	616.54	1,472.65	44.53	1,517.18
		PHYSICIANS PLUS	597.57	121.77	719.34	1,472.65	301.53	1,774.18
		UNITY HEALTH INSURANCE - COMMUNITY	597.57	65.07	662.64	1,472.65	159.73	1,632.38
	3	IYC ACCESS HEALTH PLAN - DANE	597.57	551.27	1,148.84	1,472.65	1,392.09	2,864.74

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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								
		DEAN HEALTH INSURANCE	624.01	121.33	745.34	1,538.75	300.43	1,839.18
	3	HUMANA - EASTERN	624.01	443.53	1,067.54	1,538.75	1,105.93	2,644.68
	*	MERCYCARE HEALTH PLANS	624.01	71.63	695.64	1,538.75	176.13	1,714.88
		PHYSICIANS PLUS	624.01	95.33	719.34	1,538.75	235.43	1,774.18
		UNITY HEALTH INSURANCE - COMMUNITY	624.01	38.63	662.64	1,538.75	93.63	1,632.38
	3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	624.01	614.09	1,238.10	1,538.75	1,549.19	3,087.94
GREEN LAKE								
		ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
	3	ARISE HEALTH PLAN	716.74	332.80	1,049.54	1,770.54	829.14	2,599.68
	*	DEAN HEALTH INSURANCE	716.74	28.60	745.34	1,770.54	68.64	1,839.18
	3	HUMANA - EASTERN	716.74	350.80	1,067.54	1,770.54	874.14	2,644.68
	*	NETWORK HEALTH - NORTHEAST	716.74	26.60	743.34	1,770.54	63.64	1,834.18
	*	PHYSICIANS PLUS	716.74	2.60	719.34	1,770.54	3.64	1,774.18
	3	SECURITY HEALTH PLAN - VALLEY	716.74	334.50	1,051.24	1,770.54	833.34	2,603.88
		UNITEDHEALTHCARE OF WISCONSIN	716.74	183.90	900.64	1,770.54	456.84	2,227.38
		WEA TRUST - EAST	716.74	112.60	829.34	1,770.54	278.64	2,049.18
	3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	716.74	521.36	1,238.10	1,770.54	1,317.40	3,087.94
IOWA								
		DEAN HEALTH INSURANCE	603.65	141.69	745.34	1,487.84	351.34	1,839.18
		MEDICAL ASSOCIATES HEALTH PLANS	603.65	12.89	616.54	1,487.84	29.34	1,517.18
		PHYSICIANS PLUS	603.65	115.69	719.34	1,487.84	286.34	1,774.18
		UNITY HEALTH INSURANCE - COMMUNITY	603.65	58.99	662.64	1,487.84	144.54	1,632.38
	3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	603.65	634.45	1,238.10	1,487.84	1,600.10	3,087.94
IRON								
	*	GHC OF EAU CLAIRE	720.00	182.24	902.24	1,792.74	438.64	2,231.38
	3 *	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	720.00	326.64	1,046.64	1,792.74	799.64	2,592.38
	3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	720.00	518.10	1,238.10	1,792.74	1,295.20	3,087.94
		STATE MAINTENANCE PLAN (SMP) WPE	720.00	98.18	818.18	1,792.74	244.46	2,037.20
JACKSON								
		GUNDERSEN HEALTH PLAN	637.57	22.57	660.14	1,572.63	53.55	1,626.18
		HEALTH TRADITION HEALTH PLAN	637.57	32.77	670.34	1,572.63	79.05	1,651.68
		HEALTHPARTNERS HEALTH PLAN	637.57	205.47	843.04	1,572.63	510.75	2,083.38
	3	SECURITY HEALTH PLAN - CENTRAL	637.57	413.67	1,051.24	1,572.63	1,031.25	2,603.88
	3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	637.57	409.07	1,046.64	1,572.63	1,019.75	2,592.38
	3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	637.57	600.53	1,238.10	1,572.63	1,515.31	3,087.94

Revised (9/7/2016)

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

IYC Local Deductible; With Dental - P04

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
JEFFERSON							
3 *	ARISE HEALTH PLAN	667.76	381.78	1,049.54	1,648.12	951.56	2,599.68
	DEAN HEALTH INSURANCE	667.76	77.58	745.34	1,648.12	191.06	1,839.18
3	HUMANA - EASTERN	667.76	399.78	1,067.54	1,648.12	996.56	2,644.68
	MERCYCARE HEALTH PLANS	667.76	27.88	695.64	1,648.12	66.76	1,714.88
	PHYSICIANS PLUS	667.76	51.58	719.34	1,648.12	126.06	1,774.18
	UNITEDHEALTHCARE OF WISCONSIN	667.76	232.88	900.64	1,648.12	579.26	2,227.38
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	667.76	161.58	829.34	1,648.12	401.06	2,049.18
3	IYC ACCESS HEALTH PLAN - DANE	667.76	481.08	1,148.84	1,648.12	1,216.62	2,864.74
JUNEAU							
3 *	ARISE HEALTH PLAN	623.36	426.18	1,049.54	1,537.11	1,062.57	2,599.68
*	DEAN HEALTH INSURANCE	623.36	121.98	745.34	1,537.11	302.07	1,839.18
	GUNDERSEN HEALTH PLAN	623.36	36.78	660.14	1,537.11	89.07	1,626.18
	HEALTH TRADITION HEALTH PLAN	623.36	46.98	670.34	1,537.11	114.57	1,651.68
	PHYSICIANS PLUS	623.36	95.98	719.34	1,537.11	237.07	1,774.18
3	SECURITY HEALTH PLAN - CENTRAL	623.36	427.88	1,051.24	1,537.11	1,066.77	2,603.88
	UNITY HEALTH INSURANCE - COMMUNITY	623.36	39.28	662.64	1,537.11	95.27	1,632.38
	WEA TRUST - EAST	623.36	205.98	829.34	1,537.11	512.07	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	623.36	614.74	1,238.10	1,537.11	1,550.83	3,087.94
KENOSHA							
3	ARISE HEALTH PLAN	792.56	256.98	1,049.54	1,960.09	639.59	2,599.68
3	HUMANA - EASTERN	792.56	274.98	1,067.54	1,960.09	684.59	2,644.68
	UNITEDHEALTHCARE OF WISCONSIN	792.56	108.08	900.64	1,960.09	267.29	2,227.38
3	IYC ACCESS HEALTH PLAN - WAUKESHA	792.56	445.54	1,238.10	1,960.09	1,127.85	3,087.94
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	716.74	332.80	1,049.54	1,770.54	829.14	2,599.68
*	DEAN HEALTH INSURANCE - PREVEA360	716.74	5.50	722.24	1,770.54	10.84	1,781.38
3 *	HUMANA - EASTERN	716.74	350.80	1,067.54	1,770.54	874.14	2,644.68
*	NETWORK HEALTH - NORTHEAST	716.74	26.60	743.34	1,770.54	63.64	1,834.18
3 *	SECURITY HEALTH PLAN - VALLEY	716.74	334.50	1,051.24	1,770.54	833.34	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	716.74	183.90	900.64	1,770.54	456.84	2,227.38
	WEA TRUST - EAST	716.74	112.60	829.34	1,770.54	278.64	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	716.74	521.36	1,238.10	1,770.54	1,317.40	3,087.94
LACROSSE							
3 *	ARISE HEALTH PLAN	637.57	411.97	1,049.54	1,572.63	1,027.05	2,599.68
	GUNDERSEN HEALTH PLAN	637.57	22.57	660.14	1,572.63	53.55	1,626.18
	HEALTH TRADITION HEALTH PLAN	637.57	32.77	670.34	1,572.63	79.05	1,651.68
	HEALTHPARTNERS HEALTH PLAN	637.57	205.47	843.04	1,572.63	510.75	2,083.38
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	637.57	409.07	1,046.64	1,572.63	1,019.75	2,592.38
3	IYC ACCESS HEALTH PLAN - DANE	637.57	511.27	1,148.84	1,572.63	1,292.11	2,864.74

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IYC Local Deductible; With Dental - P04

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
LAFAYETTE							
*	DEAN HEALTH INSURANCE	587.79	157.55	745.34	1,448.20	390.98	1,839.18
	MEDICAL ASSOCIATES HEALTH PLANS	587.79	28.75	616.54	1,448.20	68.98	1,517.18
	PHYSICIANS PLUS	587.79	131.55	719.34	1,448.20	325.98	1,774.18
*	UNITY HEALTH INSURANCE - COMMUNITY	587.79	74.85	662.64	1,448.20	184.18	1,632.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	587.79	650.31	1,238.10	1,448.20	1,639.74	3,087.94
LANGLADE							
3	ARISE HEALTH PLAN	793.97	255.57	1,049.54	1,963.61	636.07	2,599.68
	GHC OF EAU CLAIRE	793.97	108.27	902.24	1,963.61	267.77	2,231.38
*	HEALTHPARTNERS HEALTH PLAN	793.97	49.07	843.04	1,963.61	119.77	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	793.97	257.27	1,051.24	1,963.61	640.27	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	793.97	444.13	1,238.10	1,963.61	1,124.33	3,087.94
LINCOLN							
3 *	ARISE HEALTH PLAN	767.92	281.62	1,049.54	1,898.49	701.19	2,599.68
	GHC OF EAU CLAIRE	767.92	134.32	902.24	1,898.49	332.89	2,231.38
	HEALTHPARTNERS HEALTH PLAN	767.92	75.12	843.04	1,898.49	184.89	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	767.92	283.32	1,051.24	1,898.49	705.39	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	767.92	470.18	1,238.10	1,898.49	1,189.45	3,087.94
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	687.98	25.46	713.44	1,698.66	60.72	1,759.38
3	ARISE HEALTH PLAN	687.98	361.56	1,049.54	1,698.66	901.02	2,599.68
	DEAN HEALTH INSURANCE - PREVEA360	687.98	34.26	722.24	1,698.66	82.72	1,781.38
3	HUMANA - EASTERN	687.98	379.56	1,067.54	1,698.66	946.02	2,644.68
	NETWORK HEALTH - NORTHEAST	687.98	55.36	743.34	1,698.66	135.52	1,834.18
	UNITEDHEALTHCARE OF WISCONSIN	687.98	212.66	900.64	1,698.66	528.72	2,227.38
	WEA TRUST - EAST	687.98	141.36	829.34	1,698.66	350.52	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	687.98	550.12	1,238.10	1,698.66	1,389.28	3,087.94
MARATHON							
3	ARISE HEALTH PLAN	755.22	294.32	1,049.54	1,866.76	732.92	2,599.68
	GHC OF EAU CLAIRE	755.22	147.02	902.24	1,866.76	364.62	2,231.38
	HEALTHPARTNERS HEALTH PLAN	755.22	87.82	843.04	1,866.76	216.62	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	755.22	296.02	1,051.24	1,866.76	737.12	2,603.88
	WEA TRUST - EAST	755.22	74.12	829.34	1,866.76	182.42	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	755.22	482.88	1,238.10	1,866.76	1,221.18	3,087.94
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	710.20	3.24	713.44	1,754.17	5.21	1,759.38
3	ARISE HEALTH PLAN	710.20	339.34	1,049.54	1,754.17	845.51	2,599.68
*	DEAN HEALTH INSURANCE - PREVEA360	710.20	12.04	722.24	1,754.17	27.21	1,781.38
3	HUMANA - EASTERN	710.20	357.34	1,067.54	1,754.17	890.51	2,644.68
*	NETWORK HEALTH - NORTHEAST	710.20	33.14	743.34	1,754.17	80.01	1,834.18
	UNITEDHEALTHCARE OF WISCONSIN	710.20	190.44	900.64	1,754.17	473.21	2,227.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	710.20	527.90	1,238.10	1,754.17	1,333.77	3,087.94

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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							
3 *	ARISE HEALTH PLAN	681.42	368.12	1,049.54	1,682.28	917.40	2,599.68
*	DEAN HEALTH INSURANCE	681.42	63.92	745.34	1,682.28	156.90	1,839.18
	PHYSICIANS PLUS	681.42	37.92	719.34	1,682.28	91.90	1,774.18
3 *	SECURITY HEALTH PLAN - VALLEY	681.42	369.82	1,051.24	1,682.28	921.60	2,603.88
*	UNITEDHEALTHCARE OF WISCONSIN	681.42	219.22	900.64	1,682.28	545.10	2,227.38
*	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	681.42	147.92	829.34	1,682.28	366.90	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	681.42	556.68	1,238.10	1,682.28	1,405.66	3,087.94
MENOMINEE							
3 *	ARISE HEALTH PLAN	720.00	329.54	1,049.54	1,792.74	806.94	2,599.68
*	WEA TRUST - EAST	720.00	109.34	829.34	1,792.74	256.44	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	720.00	518.10	1,238.10	1,792.74	1,295.20	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	720.00	98.18	818.18	1,792.74	244.46	2,037.20
MILWAUKEE							
3	ARISE HEALTH PLAN	728.73	320.81	1,049.54	1,800.55	799.13	2,599.68
3	HUMANA - EASTERN	728.73	338.81	1,067.54	1,800.55	844.13	2,644.68
	NETWORK HEALTH - SOUTHEAST	728.73	25.61	754.34	1,800.55	61.13	1,861.68
	UNITEDHEALTHCARE OF WISCONSIN	728.73	171.91	900.64	1,800.55	426.83	2,227.38
	WEA TRUST - EAST	728.73	100.61	829.34	1,800.55	248.63	2,049.18
3	IYC ACCESS HEALTH PLAN - MILWAUKEE	728.73	609.63	1,338.36	1,800.55	1,537.93	3,338.48
MONROE							
3 *	ARISE HEALTH PLAN	637.57	411.97	1,049.54	1,572.63	1,027.05	2,599.68
	GUNDERSEN HEALTH PLAN	637.57	22.57	660.14	1,572.63	53.55	1,626.18
	HEALTH TRADITION HEALTH PLAN	637.57	32.77	670.34	1,572.63	79.05	1,651.68
	HEALTHPARTNERS HEALTH PLAN	637.57	205.47	843.04	1,572.63	510.75	2,083.38
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	637.57	409.07	1,046.64	1,572.63	1,019.75	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	637.57	600.53	1,238.10	1,572.63	1,515.31	3,087.94
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	661.84	51.60	713.44	1,633.31	126.07	1,759.38
3	ARISE HEALTH PLAN	661.84	387.70	1,049.54	1,633.31	966.37	2,599.68
	DEAN HEALTH INSURANCE - PREVEA360	661.84	60.40	722.24	1,633.31	148.07	1,781.38
3	HUMANA - EASTERN	661.84	405.70	1,067.54	1,633.31	1,011.37	2,644.68
	NETWORK HEALTH - NORTHEAST	661.84	81.50	743.34	1,633.31	200.87	1,834.18
3	SECURITY HEALTH PLAN - VALLEY	661.84	389.40	1,051.24	1,633.31	970.57	2,603.88
*	UNITEDHEALTHCARE OF WISCONSIN	661.84	238.80	900.64	1,633.31	594.07	2,227.38
	WEA TRUST - EAST	661.84	167.50	829.34	1,633.31	415.87	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	661.84	576.26	1,238.10	1,633.31	1,454.63	3,087.94
ONEIDA							
3 *	ARISE HEALTH PLAN	767.92	281.62	1,049.54	1,898.49	701.19	2,599.68
	GHC OF EAU CLAIRE	767.92	134.32	902.24	1,898.49	332.89	2,231.38
	HEALTHPARTNERS HEALTH PLAN	767.92	75.12	843.04	1,898.49	184.89	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	767.92	283.32	1,051.24	1,898.49	705.39	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	767.92	470.18	1,238.10	1,898.49	1,189.45	3,087.94

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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	701.09	12.35	713.44	1,731.43	27.95	1,759.38
3	ARISE HEALTH PLAN	701.09	348.45	1,049.54	1,731.43	868.25	2,599.68
*	DEAN HEALTH INSURANCE - PREVEA360	701.09	21.15	722.24	1,731.43	49.95	1,781.38
3	HUMANA - EASTERN	701.09	366.45	1,067.54	1,731.43	913.25	2,644.68
	NETWORK HEALTH - NORTHEAST	701.09	42.25	743.34	1,731.43	102.75	1,834.18
3	SECURITY HEALTH PLAN - VALLEY	701.09	350.15	1,051.24	1,731.43	872.45	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	701.09	199.55	900.64	1,731.43	495.95	2,227.38
	WEA TRUST - EAST	701.09	128.25	829.34	1,731.43	317.75	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	701.09	537.01	1,238.10	1,731.43	1,356.51	3,087.94
OZAUKEE							
3	ARISE HEALTH PLAN	728.73	320.81	1,049.54	1,800.55	799.13	2,599.68
3	HUMANA - EASTERN	728.73	338.81	1,067.54	1,800.55	844.13	2,644.68
	NETWORK HEALTH - SOUTHEAST	728.73	25.61	754.34	1,800.55	61.13	1,861.68
	UNITEDHEALTHCARE OF WISCONSIN	728.73	171.91	900.64	1,800.55	426.83	2,227.38
	WEA TRUST - EAST	728.73	100.61	829.34	1,800.55	248.63	2,049.18
3	IYC ACCESS HEALTH PLAN - WAUKESHA	728.73	509.37	1,238.10	1,800.55	1,287.39	3,087.94
PEPIN							
*	HEALTH TRADITION HEALTH PLAN	670.34	-	670.34	1,651.68	-	1,651.68
*	HEALTHPARTNERS HEALTH PLAN	720.00	123.04	843.04	1,792.74	290.64	2,083.38
3 *	HUMANA - WESTERN	720.00	506.04	1,226.04	1,792.74	1,248.14	3,040.88
3 *	SECURITY HEALTH PLAN - CENTRAL	720.00	331.24	1,051.24	1,792.74	811.14	2,603.88
3 *	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	720.00	326.64	1,046.64	1,792.74	799.64	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	720.00	518.10	1,238.10	1,792.74	1,295.20	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	720.00	98.18	818.18	1,792.74	244.46	2,037.20
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	741.88	101.16	843.04	1,833.37	250.01	2,083.38
3 *	HUMANA - WESTERN	741.88	484.16	1,226.04	1,833.37	1,207.51	3,040.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	741.88	304.76	1,046.64	1,833.37	759.01	2,592.38
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	741.88	304.76	1,046.64	1,833.37	759.01	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	741.88	496.22	1,238.10	1,833.37	1,254.57	3,087.94
POLK							
	HEALTHPARTNERS HEALTH PLAN	741.88	101.16	843.04	1,833.37	250.01	2,083.38
3	HUMANA - WESTERN	741.88	484.16	1,226.04	1,833.37	1,207.51	3,040.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	741.88	304.76	1,046.64	1,833.37	759.01	2,592.38
3	IYC ACCESS HEALTH PLAN - DANE	741.88	406.96	1,148.84	1,833.37	1,031.37	2,864.74
PORTAGE							
3 *	ARISE HEALTH PLAN	735.85	313.69	1,049.54	1,818.33	781.35	2,599.68
	HEALTHPARTNERS HEALTH PLAN	735.85	107.19	843.04	1,818.33	265.05	2,083.38
*	NETWORK HEALTH - NORTHEAST	735.85	7.49	743.34	1,818.33	15.85	1,834.18
3	SECURITY HEALTH PLAN - CENTRAL	735.85	315.39	1,051.24	1,818.33	785.55	2,603.88
	WEA TRUST - EAST	735.85	93.49	829.34	1,818.33	230.85	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	735.85	502.25	1,238.10	1,818.33	1,269.61	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
PRICE							
3 *	ARISE HEALTH PLAN	793.97	255.57	1,049.54	1,963.61	636.07	2,599.68
	GHC OF EAU CLAIRE	793.97	108.27	902.24	1,963.61	267.77	2,231.38
*	HEALTHPARTNERS HEALTH PLAN	793.97	49.07	843.04	1,963.61	119.77	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	793.97	257.27	1,051.24	1,963.61	640.27	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	793.97	444.13	1,238.10	1,963.61	1,124.33	3,087.94
RACINE							
3 *	ARISE HEALTH PLAN	728.19	321.35	1,049.54	1,799.19	800.49	2,599.68
3	HUMANA - EASTERN	728.19	339.35	1,067.54	1,799.19	845.49	2,644.68
	NETWORK HEALTH - SOUTHEAST	728.19	26.15	754.34	1,799.19	62.49	1,861.68
	UNITEDHEALTHCARE OF WISCONSIN	728.19	172.45	900.64	1,799.19	428.19	2,227.38
3	IYC ACCESS HEALTH PLAN - WAUKESHA	728.19	509.91	1,238.10	1,799.19	1,288.75	3,087.94
RICHLAND							
	DEAN HEALTH INSURANCE	608.57	136.77	745.34	1,500.15	339.03	1,839.18
	GUNDERSEN HEALTH PLAN	608.57	51.57	660.14	1,500.15	126.03	1,626.18
	HEALTH TRADITION HEALTH PLAN	608.57	61.77	670.34	1,500.15	151.53	1,651.68
	PHYSICIANS PLUS	608.57	110.77	719.34	1,500.15	274.03	1,774.18
	UNITY HEALTH INSURANCE - COMMUNITY	608.57	54.07	662.64	1,500.15	132.23	1,632.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	608.57	629.53	1,238.10	1,500.15	1,587.79	3,087.94
ROCK							
	DEAN HEALTH INSURANCE	674.71	70.63	745.34	1,665.49	173.69	1,839.18
3	HUMANA - EASTERN	674.71	392.83	1,067.54	1,665.49	979.19	2,644.68
	MERCYCARE HEALTH PLANS	674.71	20.93	695.64	1,665.49	49.39	1,714.88
*	PHYSICIANS PLUS	674.71	44.63	719.34	1,665.49	108.69	1,774.18
	UNITEDHEALTHCARE OF WISCONSIN	674.71	225.93	900.64	1,665.49	561.89	2,227.38
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	674.71	154.63	829.34	1,665.49	383.69	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	674.71	563.39	1,238.10	1,665.49	1,422.45	3,087.94
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	720.00	123.04	843.04	1,792.74	290.64	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	720.00	331.24	1,051.24	1,792.74	811.14	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	720.00	326.64	1,046.64	1,792.74	799.64	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	720.00	518.10	1,238.10	1,792.74	1,295.20	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	720.00	98.18	818.18	1,792.74	244.46	2,037.20
SAUK							
	DEAN HEALTH INSURANCE	603.98	141.36	745.34	1,488.66	350.52	1,839.18
	GHC OF SOUTH CENTRAL WISCONSIN	603.98	56.26	660.24	1,488.66	137.72	1,626.38
	GUNDERSEN HEALTH PLAN	603.98	56.16	660.14	1,488.66	137.52	1,626.18
	HEALTH TRADITION HEALTH PLAN	603.98	66.36	670.34	1,488.66	163.02	1,651.68
	PHYSICIANS PLUS	603.98	115.36	719.34	1,488.66	285.52	1,774.18
	UNITY HEALTH INSURANCE - COMMUNITY	603.98	58.66	662.64	1,488.66	143.72	1,632.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	603.98	634.12	1,238.10	1,488.66	1,599.28	3,087.94

Revised (9/7/2016)

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible; With Dental - P04

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
SAWYER							
	GHC OF EAU CLAIRE	767.92	134.32	902.24	1,898.49	332.89	2,231.38
	HEALTHPARTNERS HEALTH PLAN	767.92	75.12	843.04	1,898.49	184.89	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	767.92	283.32	1,051.24	1,898.49	705.39	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	767.92	470.18	1,238.10	1,898.49	1,189.45	3,087.94
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	716.74	332.80	1,049.54	1,770.54	829.14	2,599.68
3	HUMANA - EASTERN	716.74	350.80	1,067.54	1,770.54	874.14	2,644.68
*	NETWORK HEALTH - NORTHEAST	716.74	26.60	743.34	1,770.54	63.64	1,834.18
3 *	SECURITY HEALTH PLAN - CENTRAL	716.74	334.50	1,051.24	1,770.54	833.34	2,603.88
3	SECURITY HEALTH PLAN - VALLEY	716.74	334.50	1,051.24	1,770.54	833.34	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	716.74	183.90	900.64	1,770.54	456.84	2,227.38
	WEA TRUST - EAST	716.74	112.60	829.34	1,770.54	278.64	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	716.74	521.36	1,238.10	1,770.54	1,317.40	3,087.94
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	687.98	25.46	713.44	1,698.66	60.72	1,759.38
3	ARISE HEALTH PLAN	687.98	361.56	1,049.54	1,698.66	901.02	2,599.68
	DEAN HEALTH INSURANCE - PREVEA360	687.98	34.26	722.24	1,698.66	82.72	1,781.38
3	HUMANA - EASTERN	687.98	379.56	1,067.54	1,698.66	946.02	2,644.68
	NETWORK HEALTH - NORTHEAST	687.98	55.36	743.34	1,698.66	135.52	1,834.18
	UNITEDHEALTHCARE OF WISCONSIN	687.98	212.66	900.64	1,698.66	528.72	2,227.38
	WEA TRUST - EAST	687.98	141.36	829.34	1,698.66	350.52	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	687.98	550.12	1,238.10	1,698.66	1,389.28	3,087.94
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	741.88	101.16	843.04	1,833.37	250.01	2,083.38
3	HUMANA - WESTERN	741.88	484.16	1,226.04	1,833.37	1,207.51	3,040.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	741.88	304.76	1,046.64	1,833.37	759.01	2,592.38
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	741.88	304.76	1,046.64	1,833.37	759.01	2,592.38
3	IYC ACCESS HEALTH PLAN - DANE	741.88	406.96	1,148.84	1,833.37	1,031.37	2,864.74
TAYLOR							
3	ARISE HEALTH PLAN	793.97	255.57	1,049.54	1,963.61	636.07	2,599.68
	GHC OF EAU CLAIRE	793.97	108.27	902.24	1,963.61	267.77	2,231.38
*	HEALTHPARTNERS HEALTH PLAN	793.97	49.07	843.04	1,963.61	119.77	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	793.97	257.27	1,051.24	1,963.61	640.27	2,603.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	793.97	444.13	1,238.10	1,963.61	1,124.33	3,087.94
TREMPEALEAU							
3	ARISE HEALTH PLAN	585.41	464.13	1,049.54	1,442.26	1,157.42	2,599.68
	GUNDERSEN HEALTH PLAN	585.41	74.73	660.14	1,442.26	183.92	1,626.18
	HEALTH TRADITION HEALTH PLAN	585.41	84.93	670.34	1,442.26	209.42	1,651.68
*	HEALTHPARTNERS HEALTH PLAN	585.41	257.63	843.04	1,442.26	641.12	2,083.38
3 *	SECURITY HEALTH PLAN - CENTRAL	585.41	465.83	1,051.24	1,442.26	1,161.62	2,603.88
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	585.41	461.23	1,046.64	1,442.26	1,150.12	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	585.41	652.69	1,238.10	1,442.26	1,645.68	3,087.94

Revised (9/7/2016)

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IYC Local Deductible; With Dental - P04

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
VERNON							
3 *	ARISE HEALTH PLAN	584.65	464.89	1,049.54	1,440.34	1,159.34	2,599.68
*	DEAN HEALTH INSURANCE	584.65	160.69	745.34	1,440.34	398.84	1,839.18
	GUNDERSEN HEALTH PLAN	584.65	75.49	660.14	1,440.34	185.84	1,626.18
	HEALTH TRADITION HEALTH PLAN	584.65	85.69	670.34	1,440.34	211.34	1,651.68
*	PHYSICIANS PLUS	584.65	134.69	719.34	1,440.34	333.84	1,774.18
	UNITY HEALTH INSURANCE - COMMUNITY	584.65	77.99	662.64	1,440.34	192.04	1,632.38
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	584.65	461.99	1,046.64	1,440.34	1,152.04	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	584.65	653.45	1,238.10	1,440.34	1,647.60	3,087.94
VILAS							
3 *	ARISE HEALTH PLAN	720.00	329.54	1,049.54	1,792.74	806.94	2,599.68
*	GHC OF EAU CLAIRE	720.00	182.24	902.24	1,792.74	438.64	2,231.38
*	HEALTHPARTNERS HEALTH PLAN	720.00	123.04	843.04	1,792.74	290.64	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	720.00	331.24	1,051.24	1,792.74	811.14	2,603.88
3 *	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	720.00	518.10	1,238.10	1,792.74	1,295.20	3,087.94
	STATE MAINTENANCE PLAN (SMP) WPE	720.00	98.18	818.18	1,792.74	244.46	2,037.20
WALWORTH							
3	ARISE HEALTH PLAN	679.42	370.12	1,049.54	1,677.24	922.44	2,599.68
*	DEAN HEALTH INSURANCE	679.42	65.92	745.34	1,677.24	161.94	1,839.18
3	HUMANA - EASTERN	679.42	388.12	1,067.54	1,677.24	967.44	2,644.68
	MERCYCARE HEALTH PLANS	679.42	16.22	695.64	1,677.24	37.64	1,714.88
*	PHYSICIANS PLUS	679.42	39.92	719.34	1,677.24	96.94	1,774.18
	UNITEDHEALTHCARE OF WISCONSIN	679.42	221.22	900.64	1,677.24	550.14	2,227.38
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	679.42	149.92	829.34	1,677.24	371.94	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	679.42	558.68	1,238.10	1,677.24	1,410.70	3,087.94
WASHBURN							
	GHC OF EAU CLAIRE	767.92	134.32	902.24	1,898.49	332.89	2,231.38
	HEALTHPARTNERS HEALTH PLAN	767.92	75.12	843.04	1,898.49	184.89	2,083.38
3	SECURITY HEALTH PLAN - CENTRAL	767.92	283.32	1,051.24	1,898.49	705.39	2,603.88
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	767.92	278.72	1,046.64	1,898.49	693.89	2,592.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	767.92	470.18	1,238.10	1,898.49	1,189.45	3,087.94
WASHINGTON							
3	ARISE HEALTH PLAN	728.73	320.81	1,049.54	1,800.55	799.13	2,599.68
3	HUMANA - EASTERN	728.73	338.81	1,067.54	1,800.55	844.13	2,644.68
	NETWORK HEALTH - SOUTHEAST	728.73	25.61	754.34	1,800.55	61.13	1,861.68
	UNITEDHEALTHCARE OF WISCONSIN	728.73	171.91	900.64	1,800.55	426.83	2,227.38
	WEA TRUST - EAST	728.73	100.61	829.34	1,800.55	248.63	2,049.18
3	IYC ACCESS HEALTH PLAN - WAUKESHA	728.73	509.37	1,238.10	1,800.55	1,287.39	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
WAUKESHA							
3	ARISE HEALTH PLAN	685.04	364.50	1,049.54	1,691.32	908.36	2,599.68
	DEAN HEALTH INSURANCE	685.04	60.30	745.34	1,691.32	147.86	1,839.18
3	HUMANA - EASTERN	685.04	382.50	1,067.54	1,691.32	953.36	2,644.68
	NETWORK HEALTH - SOUTHEAST	685.04	69.30	754.34	1,691.32	170.36	1,861.68
*	PHYSICIANS PLUS	685.04	34.30	719.34	1,691.32	82.86	1,774.18
	UNITEDHEALTHCARE OF WISCONSIN	685.04	215.60	900.64	1,691.32	536.06	2,227.38
	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	685.04	144.30	829.34	1,691.32	357.86	2,049.18
3	IYC ACCESS HEALTH PLAN - WAUKESHA	685.04	553.06	1,238.10	1,691.32	1,396.62	3,087.94
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	713.44	-	713.44	1,759.38	-	1,759.38
3	ARISE HEALTH PLAN	716.74	332.80	1,049.54	1,770.54	829.14	2,599.68
3	HUMANA - EASTERN	716.74	350.80	1,067.54	1,770.54	874.14	2,644.68
*	NETWORK HEALTH - NORTHEAST	716.74	26.60	743.34	1,770.54	63.64	1,834.18
3 *	SECURITY HEALTH PLAN - CENTRAL	716.74	334.50	1,051.24	1,770.54	833.34	2,603.88
3	SECURITY HEALTH PLAN - VALLEY	716.74	334.50	1,051.24	1,770.54	833.34	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	716.74	183.90	900.64	1,770.54	456.84	2,227.38
	WEA TRUST - EAST	716.74	112.60	829.34	1,770.54	278.64	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	716.74	521.36	1,238.10	1,770.54	1,317.40	3,087.94
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	695.81	17.63	713.44	1,718.23	41.15	1,759.38
3	ARISE HEALTH PLAN	695.81	353.73	1,049.54	1,718.23	881.45	2,599.68
3	HUMANA - EASTERN	695.81	371.73	1,067.54	1,718.23	926.45	2,644.68
*	NETWORK HEALTH - NORTHEAST	695.81	47.53	743.34	1,718.23	115.95	1,834.18
	PHYSICIANS PLUS	695.81	23.53	719.34	1,718.23	55.95	1,774.18
3	SECURITY HEALTH PLAN - VALLEY	695.81	355.43	1,051.24	1,718.23	885.65	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	695.81	204.83	900.64	1,718.23	509.15	2,227.38
	WEA TRUST - EAST	695.81	133.53	829.34	1,718.23	330.95	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.81	542.29	1,238.10	1,718.23	1,369.71	3,087.94
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	701.09	12.35	713.44	1,731.43	27.95	1,759.38
3	ARISE HEALTH PLAN	701.09	348.45	1,049.54	1,731.43	868.25	2,599.68
3	HUMANA - EASTERN	701.09	366.45	1,067.54	1,731.43	913.25	2,644.68
	NETWORK HEALTH - NORTHEAST	701.09	42.25	743.34	1,731.43	102.75	1,834.18
3 *	SECURITY HEALTH PLAN - VALLEY	701.09	350.15	1,051.24	1,731.43	872.45	2,603.88
	UNITEDHEALTHCARE OF WISCONSIN	701.09	199.55	900.64	1,731.43	495.95	2,227.38
	WEA TRUST - EAST	701.09	128.25	829.34	1,731.43	317.75	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	701.09	537.01	1,238.10	1,731.43	1,356.51	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
WOOD							
3	ARISE HEALTH PLAN	729.82	319.72	1,049.54	1,803.28	796.40	2,599.68
*	HEALTHPARTNERS HEALTH PLAN	729.82	113.22	843.04	1,803.28	280.10	2,083.38
*	PHYSICIANS PLUS	719.34	-	719.34	1,774.18	-	1,774.18
3	SECURITY HEALTH PLAN - CENTRAL	729.82	321.42	1,051.24	1,803.28	800.60	2,603.88
*	UNITY HEALTH INSURANCE - COMMUNITY	662.64	-	662.64	1,632.38	-	1,632.38
	WEA TRUST - EAST	729.82	99.52	829.34	1,803.28	245.90	2,049.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	729.82	508.28	1,238.10	1,803.28	1,284.66	3,087.94

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