2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Health Plan; With Dental - P06

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	707.53	50.81	758.34	1,743.40	128.28	1,871.68
	PHYSICIANS PLUS	707.53	24.21	731.74	1,743.40	61.78	1,805.18
3	SECURITY HEALTH PLAN - CENTRAL	707.53	363.21	1,070.74	1,743.40	909.28	2,652.68
	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
	WEA TRUST - EAST	707.53	136.51	844.04	1,743.40	342.48	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	707.53	548.83	1,256.36	1,743.40	1,390.14	3,133.54
ASHLAND							
	GHC OF EAU CLAIRE	900.94	17.70	918.64	2,226.92	45.46	2,272.38
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	900.94	169.80	1,070.74	2,226.92	425.76	2,652.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	900.94	165.10	1,066.04	2,226.92	413.96	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	900.94	355.42	1,256.36	2,226.92	906.62	3,133.54
BARRON							
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	HUMANA - WESTERN	900.94	348.40	1,249.34	2,226.92	872.26	3,099.18
3	SECURITY HEALTH PLAN - CENTRAL	900.94	169.80	1,070.74	2,226.92	425.76	2,652.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	900.94	165.10	1,066.04	2,226.92	413.96	2,640.88
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	900.94	165.10	1,066.04	2,226.92	413.96	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	900.94	355.42	1,256.36	2,226.92	906.62	3,133.54
BAYFIELD							
*	GHC OF EAU CLAIRE	871.73	46.91	918.64	2,170.77	101.61	2,272.38
*	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
* 3	SECURITY HEALTH PLAN - CENTRAL	871.73	199.01	1,070.74	2,170.77	481.91	2,652.68
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	871.73	194.31	1,066.04	2,170.77	470.11	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.73	384.63	1,256.36	2,170.77	962.77	3,133.54
	STATE MAINTENANCE PLAN (SMP) WPE	830.22	-	830.22	2,067.40	-	2,067.40
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	725.74	-	725.74	1,790.18	-	1,790.18
3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
	DEAN HEALTH INSURANCE - PREVEA360	734.64	-	734.64	1,812.38	-	1,812.38
3	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
3	SECURITY HEALTH PLAN - VALLEY	762.03	308.71	1,070.74	1,879.69	772.99	2,652.68
	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
	WEA TRUST - EAST	762.03	82.01	844.04	1,879.69	206.19	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	681.64	-	681.64	1,679.88	-	1,679.88
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	871.73	194.31	1,066.04	2,170.77	470.11	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.73	384.63	1,256.36	2,170.77	962.77	3,133.54
	STATE MAINTENANCE PLAN (SMP) WPE	830.22	-	830.22	2,067.40	-	2,067.40

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LCQP

IYC Local Health Plan; With Dental - P06

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	900.94	17.70	918.64	2,226.92	45.46	2,272.38
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	900.94	169.80	1,070.74	2,226.92	425.76	2,652.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	900.94	355.42	1,256.36	2,226.92	906.62	3,133.54
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	725.74	-	725.74	1,790.18	-	1,790.18
* 3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
3	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
*	WEA TRUST - EAST	762.03	82.01	844.04	1,879.69	206.19	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	671.14	-	671.14	1,653.68	-	1,653.68
	HEALTHPARTNERS HEALTH PLAN	704.70	153.34	858.04	1,736.36	384.52	2,120.88
3	HUMANA - WESTERN	704.70	544.64	1,249.34	1,736.36	1,362.82	3,099.18
3	SECURITY HEALTH PLAN - CENTRAL	704.70	366.04	1,070.74	1,736.36	916.32	2,652.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	704.70	361.34	1,066.04	1,736.36	904.52	2,640.88
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	704.70	361.34	1,066.04	1,736.36	904.52	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	704.70	551.66	1,256.36	1,736.36	1,397.18	3,133.54
CLARK							
* 3	ARISE HEALTH PLAN	900.94	168.20	1,069.14	2,226.92	421.76	2,648.68
	GHC OF EAU CLAIRE	900.94	17.70	918.64	2,226.92	45.46	2,272.38
*	GUNDERSEN HEALTH PLAN	671.14	-	671.14	1,653.68	-	1,653.68
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	900.94	169.80	1,070.74	2,226.92	425.76	2,652.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	900.94	165.10	1,066.04	2,226.92	413.96	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	900.94	355.42	1,256.36	2,226.92	906.62	3,133.54
COLUMBIA							
3	ARISE HEALTH PLAN	704.80	364.34	1,069.14	1,736.57	912.11	2,648.68
	DEAN HEALTH INSURANCE	704.80	53.54	758.34	1,736.57	135.11	1,871.68
	GHC OF SOUTH CENTRAL WISCONSIN	671.24	-	671.24	1,653.88	-	1,653.88
	PHYSICIANS PLUS	704.80	26.94	731.74	1,736.57	68.61	1,805.18
	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
	WEA TRUST - EAST	704.80	139.24	844.04	1,736.57	349.31	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	704.80	551.56	1,256.36	1,736.57	1,396.97	3,133.54
CRAWFORD							
* 3	ARISE HEALTH PLAN	657.97	411.17	1,069.14	1,619.50	1,029.18	2,648.68
	GUNDERSEN HEALTH PLAN	657.97	13.17	671.14	1,619.50	34.18	1,653.68
	HEALTH TRADITION HEALTH PLAN	657.97	23.67	681.64	1,619.50	60.38	1,679.88
	HEALTHPARTNERS HEALTH PLAN	657.97	200.07	858.04	1,619.50	501.38	2,120.88
	MEDICAL ASSOCIATES HEALTH PLANS	626.64	-	626.64	1,542.38	-	1,542.38
*	UNITY HEALTH INSURANCE - COMMUNITY	657.97	15.87	673.84	1,619.50	40.88	1,660.38
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	657.97	408.07	1,066.04	1,619.50	1,021.38	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.97	598.39	1,256.36	1,619.50	1,514.04	3,133.54

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LCQP

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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
DANE							
	DEAN HEALTH INSURANCE	636.97	121.37	758.34	1,567.00	304.68	1,871.68
	GHC OF SOUTH CENTRAL WISCONSIN	636.97	34.27	671.24	1,567.00	86.88	1,653.88
	PHYSICIANS PLUS	636.97	94.77	731.74	1,567.00	238.18	1,805.18
	UNITY HEALTH INSURANCE - UW HEALTH	606.64	-	606.64	1,492.38	-	1,492.38
3	IYC ACCESS HEALTH PLAN - DANE	636.97	528.15	1,165.12	1,567.00	1,338.46	2,905.46
DODGE							
3	ARISE HEALTH PLAN	707.53	361.61	1,069.14	1,743.40	905.28	2,648.68
	DEAN HEALTH INSURANCE	707.53	50.81	758.34	1,743.40	128.28	1,871.68
3	HUMANA - EASTERN	707.53	380.01	1,087.54	1,743.40	951.28	2,694.68
	NETWORK HEALTH - NORTHEAST	707.53	48.71	756.24	1,743.40	122.98	1,866.38
	PHYSICIANS PLUS	707.53	24.21	731.74	1,743.40	61.78	1,805.18
	UNITEDHEALTHCARE OF WISCONSIN	707.53	209.51	917.04	1,743.40	524.98	2,268.38
	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
	WEA TRUST - EAST	707.53	136.51	844.04	1,743.40	342.48	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	707.53	548.83	1,256.36	1,743.40	1,390.14	3,133.54
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	725.74	-	725.74	1,790.18	-	1,790.18
3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
*	DEAN HEALTH INSURANCE - PREVEA360	734.64	-	734.64	1,812.38	-	1,812.38
3	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
	WEA TRUST - EAST	762.03	82.01	844.04	1,879.69	206.19	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54
DOUGLAS							
	GHC OF EAU CLAIRE	900.94	17.70	918.64	2,226.92	45.46	2,272.38
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	HUMANA - WESTERN	900.94	348.40	1,249.34	2,226.92	872.26	3,099.18
3	SECURITY HEALTH PLAN - CENTRAL	900.94	169.80	1,070.74	2,226.92	425.76	2,652.68
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	900.94	165.10	1,066.04	2,226.92	413.96	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	900.94	355.42	1,256.36	2,226.92	906.62	3,133.54
DUNN							
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	HUMANA - WESTERN	900.94	348.40	1,249.34	2,226.92	872.26	3,099.18
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	900.94	165.10	1,066.04	2,226.92	413.96	2,640.88
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	900.94	165.10	1,066.04	2,226.92	413.96	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	900.94	355.42	1,256.36	2,226.92	906.62	3,133.54

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LCQP

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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
EAU CLAIRE							
* 3	ARISE HEALTH PLAN	704.70	364.44	1,069.14	1,736.36	912.32	2,648.68
	GUNDERSEN HEALTH PLAN	671.14	-	671.14	1,653.68	-	1,653.68
	HEALTHPARTNERS HEALTH PLAN	704.70	153.34	858.04	1,736.36	384.52	2,120.88
3	HUMANA - WESTERN	704.70	544.64	1,249.34	1,736.36	1,362.82	3,099.18
3	SECURITY HEALTH PLAN - CENTRAL	704.70	366.04	1,070.74	1,736.36	916.32	2,652.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	704.70	361.34	1,066.04	1,736.36	904.52	2,640.88
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	704.70	361.34	1,066.04	1,736.36	904.52	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	704.70	551.66	1,256.36	1,736.36	1,397.18	3,133.54
FLORENCE							
* 3	ARISE HEALTH PLAN	871.73	197.41	1,069.14	2,170.77	477.91	2,648.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.73	384.63	1,256.36	2,170.77	962.77	3,133.54
	STATE MAINTENANCE PLAN (SMP) WPE	830.22	-	830.22	2,067.40	-	2,067.40
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	707.53	18.21	725.74	1,743.40	46.78	1,790.18
3	ARISE HEALTH PLAN	707.53	361.61	1,069.14	1,743.40	905.28	2,648.68
	DEAN HEALTH INSURANCE	707.53	50.81	758.34	1,743.40	128.28	1,871.68
3	HUMANA - EASTERN	707.53	380.01	1,087.54	1,743.40	951.28	2,694.68
	NETWORK HEALTH - NORTHEAST	707.53	48.71	756.24	1,743.40	122.98	1,866.38
	UNITEDHEALTHCARE OF WISCONSIN	707.53	209.51	917.04	1,743.40	524.98	2,268.38
	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
	WEA TRUST - EAST	707.53	136.51	844.04	1,743.40	342.48	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	707.53	548.83	1,256.36	1,743.40	1,390.14	3,133.54
FOREST							
* 3	ARISE HEALTH PLAN	871.73	197.41	1,069.14	2,170.77	477.91	2,648.68
* 3	SECURITY HEALTH PLAN - CENTRAL	871.73	199.01	1,070.74	2,170.77	481.91	2,652.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.73	384.63	1,256.36	2,170.77	962.77	3,133.54
	STATE MAINTENANCE PLAN (SMP) WPE	830.22	-	830.22	2,067.40	-	2,067.40
GRANT							
* 3	ARISE HEALTH PLAN	657.97	411.17	1,069.14	1,619.50	1,029.18	2,648.68
	DEAN HEALTH INSURANCE	657.97	100.37	758.34	1,619.50	252.18	1,871.68
	GUNDERSEN HEALTH PLAN	657.97	13.17	671.14	1,619.50	34.18	1,653.68
	HEALTH TRADITION HEALTH PLAN	657.97	23.67	681.64	1,619.50	60.38	1,679.88
	MEDICAL ASSOCIATES HEALTH PLANS	626.64	-	626.64	1,542.38	-	1,542.38
	PHYSICIANS PLUS	657.97	73.77	731.74	1,619.50	185.68	1,805.18
	UNITY HEALTH INSURANCE - COMMUNITY	657.97	15.87	673.84	1,619.50	40.88	1,660.38
3	IYC ACCESS HEALTH PLAN - DANE	657.97	507.15	1,165.12	1,619.50	1,285.96	2,905.46
GREEN							
	DEAN HEALTH INSURANCE	707.53	50.81	758.34	1,743.40	128.28	1,871.68
3	HUMANA - EASTERN	707.53	380.01	1,087.54	1,743.40	951.28	2,694.68
*	MERCYCARE HEALTH PLANS	707.44	-	707.44	1,743.40	0.98	1,744.38
	PHYSICIANS PLUS	707.53	24.21	731.74	1,743.40	61.78	1,805.18
	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	707.53	548.83	1,256.36	1,743.40	1,390.14	3,133.54

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LCQP

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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	725.74	-	725.74	1,790.18	-	1,790.18
3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
*	DEAN HEALTH INSURANCE	758.34	-	758.34	1,871.68	-	1,871.68
3	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
*	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
*	PHYSICIANS PLUS	731.74	-	731.74	1,805.18	-	1,805.18
3	SECURITY HEALTH PLAN - VALLEY	762.03	308.71	1,070.74	1,879.69	772.99	2,652.68
	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
	WEA TRUST - EAST	762.03	82.01	844.04	1,879.69	206.19	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54
IOWA							
	DEAN HEALTH INSURANCE	657.97	100.37	758.34	1,619.50	252.18	1,871.68
	MEDICAL ASSOCIATES HEALTH PLANS	626.64	-	626.64	1,542.38	-	1,542.38
	PHYSICIANS PLUS	657.97	73.77	731.74	1,619.50	185.68	1,805.18
	UNITY HEALTH INSURANCE - COMMUNITY	657.97	15.87	673.84	1,619.50	40.88	1,660.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.97	598.39	1,256.36	1,619.50	1,514.04	3,133.54
IRON							
*	GHC OF EAU CLAIRE	871.73	46.91	918.64	2,170.77	101.61	2,272.38
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	871.73	194.31	1,066.04	2,170.77	470.11	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.73	384.63	1,256.36	2,170.77	962.77	3,133.54
	STATE MAINTENANCE PLAN (SMP) WPE	830.22	-	830.22	2,067.40	-	2,067.40
JACKSON							
	GUNDERSEN HEALTH PLAN	671.14	-	671.14	1,653.68	-	1,653.68
	HEALTH TRADITION HEALTH PLAN	681.64	-	681.64	1,679.88	-	1,679.88
	HEALTHPARTNERS HEALTH PLAN	704.70	153.34	858.04	1,736.36	384.52	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	704.70	366.04	1,070.74	1,736.36	916.32	2,652.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	704.70	361.34	1,066.04	1,736.36	904.52	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	704.70	551.66	1,256.36	1,736.36	1,397.18	3,133.54
JEFFERSON							
* 3	ARISE HEALTH PLAN	707.53	361.61	1,069.14	1,743.40	905.28	2,648.68
	DEAN HEALTH INSURANCE	707.53	50.81	758.34	1,743.40	128.28	1,871.68
3	HUMANA - EASTERN	707.53	380.01	1,087.54	1,743.40	951.28	2,694.68
	MERCYCARE HEALTH PLANS	707.44	-	707.44	1,743.40	0.98	1,744.38
	PHYSICIANS PLUS	707.53	24.21	731.74	1,743.40	61.78	1,805.18
	UNITEDHEALTHCARE OF WISCONSIN	707.53	209.51	917.04	1,743.40	524.98	2,268.38
	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
	WEA TRUST - EAST	707.53	136.51	844.04	1,743.40	342.48	2,085.88
3	IYC ACCESS HEALTH PLAN - DANE	707.53	457.59	1,165.12	1,743.40	1,162.06	2,905.46

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Health Plan; With Dental - P06

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	704.70	364.44	1,069.14	1,736.36	912.32	2,648.68
*	DEAN HEALTH INSURANCE	704.70	53.64	758.34	1,736.36	135.32	1,871.68
	GUNDERSEN HEALTH PLAN	671.14	-	671.14	1,653.68	-	1,653.68
	HEALTH TRADITION HEALTH PLAN	681.64	-	681.64	1,679.88	-	1,679.88
	PHYSICIANS PLUS	704.70	27.04	731.74	1,736.36	68.82	1,805.18
3	SECURITY HEALTH PLAN - CENTRAL	704.70	366.04	1,070.74	1,736.36	916.32	2,652.68
	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
	WEA TRUST - EAST	704.70	139.34	844.04	1,736.36	349.52	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	704.70	551.66	1,256.36	1,736.36	1,397.18	3,133.54
KENOSHA							
3	ARISE HEALTH PLAN	962.89	106.25	1,069.14	2,381.80	266.88	2,648.68
3	HUMANA - EASTERN	962.89	124.65	1,087.54	2,381.80	312.88	2,694.68
	UNITEDHEALTHCARE OF WISCONSIN	917.04	-	917.04	2,268.38	-	2,268.38
3	IYC ACCESS HEALTH PLAN - WAUKESHA	962.89	293.47	1,256.36	2,381.80	751.74	3,133.54
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	725.74	-	725.74	1,790.18	-	1,790.18
3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
*	DEAN HEALTH INSURANCE - PREVEA360	734.64	-	734.64	1,812.38	-	1,812.38
3 *	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
*	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
3 *	SECURITY HEALTH PLAN - VALLEY	762.03	308.71	1,070.74	1,879.69	772.99	2,652.68
	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
	WEA TRUST - EAST	762.03	82.01	844.04	1,879.69	206.19	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54
LACROSSE							
* 3	ARISE HEALTH PLAN	704.70	364.44	1,069.14	1,736.36	912.32	2,648.68
	GUNDERSEN HEALTH PLAN	671.14	-	671.14	1,653.68	-	1,653.68
	HEALTH TRADITION HEALTH PLAN	681.64	-	681.64	1,679.88	-	1,679.88
	HEALTHPARTNERS HEALTH PLAN	704.70	153.34	858.04	1,736.36	384.52	2,120.88
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	704.70	361.34	1,066.04	1,736.36	904.52	2,640.88
3	IYC ACCESS HEALTH PLAN - DANE	704.70	460.42	1,165.12	1,736.36	1,169.10	2,905.46
LAFAYETTE							
*	DEAN HEALTH INSURANCE	657.97	100.37	758.34	1,619.50	252.18	1,871.68
	MEDICAL ASSOCIATES HEALTH PLANS	626.64	-	626.64	1,542.38	-	1,542.38
	PHYSICIANS PLUS	657.97	73.77	731.74	1,619.50	185.68	1,805.18
*	UNITY HEALTH INSURANCE - COMMUNITY	657.97	15.87	673.84	1,619.50	40.88	1,660.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.97	598.39	1,256.36	1,619.50	1,514.04	3,133.54
LANGLADE							
3	ARISE HEALTH PLAN	964.57	104.57	1,069.14	2,386.00	262.68	2,648.68
	GHC OF EAU CLAIRE	918.64	-	918.64	2,272.38	-	2,272.38
*	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	964.57	106.17	1,070.74	2,386.00	266.68	2,652.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	964.57	291.79	1,256.36	2,386.00	747.54	3,133.54

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Health Plan; With Dental - P06

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	900.94	168.20	1,069.14	2,226.92	421.76	2,648.68
	GHC OF EAU CLAIRE	900.94	17.70	918.64	2,226.92	45.46	2,272.38
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	900.94	169.80	1,070.74	2,226.92	425.76	2,652.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	900.94	355.42	1,256.36	2,226.92	906.62	3,133.54
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	725.74	-	725.74	1,790.18	-	1,790.18
3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
	DEAN HEALTH INSURANCE - PREVEA360	734.64	-	734.64	1,812.38	-	1,812.38
3	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
	WEA TRUST - EAST	762.03	82.01	844.04	1,879.69	206.19	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54
MARATHON							
3	ARISE HEALTH PLAN	886.24	182.90	1,069.14	2,190.17	458.51	2,648.68
	GHC OF EAU CLAIRE	886.24	32.40	918.64	2,190.17	82.21	2,272.38
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	886.24	184.50	1,070.74	2,190.17	462.51	2,652.68
	WEA TRUST - EAST	844.04	-	844.04	2,085.88	-	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	886.24	370.12	1,256.36	2,190.17	943.37	3,133.54
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	725.74	-	725.74	1,790.18	-	1,790.18
3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
*	DEAN HEALTH INSURANCE - PREVEA360	734.64	-	734.64	1,812.38	-	1,812.38
3	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
*	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54
MARQUETTE							
* 3	ARISE HEALTH PLAN	768.33	300.81	1,069.14	1,895.44	753.24	2,648.68
*	DEAN HEALTH INSURANCE	758.34	-	758.34	1,871.68	-	1,871.68
	PHYSICIANS PLUS	731.74	-	731.74	1,805.18	-	1,805.18
* 3	SECURITY HEALTH PLAN - VALLEY	768.33	302.41	1,070.74	1,895.44	757.24	2,652.68
*	UNITEDHEALTHCARE OF WISCONSIN	768.33	148.71	917.04	1,895.44	372.94	2,268.38
*	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
	WEA TRUST - EAST	768.33	75.71	844.04	1,895.44	190.44	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	768.33	488.03	1,256.36	1,895.44	1,238.10	3,133.54
MENOMINEE							
* 3	ARISE HEALTH PLAN	871.73	197.41	1,069.14	2,170.77	477.91	2,648.68
*	WEA TRUST - EAST	844.04	-	844.04	2,085.88	-	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.73	384.63	1,256.36	2,170.77	962.77	3,133.54
	STATE MAINTENANCE PLAN (SMP) WPE	830.22	-	830.22	2,067.40	-	2,067.40

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LCQP

IYC Local Health Plan; With Dental - P06

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	805.81	263.33	1,069.14	1,989.10	659.58	2,648.68
3	HUMANA - EASTERN	805.81	281.73	1,087.54	1,989.10	705.58	2,694.68
	NETWORK HEALTH - SOUTHEAST	767.44	-	767.44	1,894.38	-	1,894.38
	UNITEDHEALTHCARE OF WISCONSIN	805.81	111.23	917.04	1,989.10	279.28	2,268.38
	WEA TRUST - EAST	805.81	38.23	844.04	1,989.10	96.78	2,085.88
3	IYC ACCESS HEALTH PLAN - MILWAUKEE	805.81	553.07	1,358.88	1,989.10	1,400.76	3,389.86
MONROE							
* 3	ARISE HEALTH PLAN	704.70	364.44	1,069.14	1,736.36	912.32	2,648.68
	GUNDERSEN HEALTH PLAN	671.14	-	671.14	1,653.68	-	1,653.68
	HEALTH TRADITION HEALTH PLAN	681.64	-	681.64	1,679.88	-	1,679.88
	HEALTHPARTNERS HEALTH PLAN	704.70	153.34	858.04	1,736.36	384.52	2,120.88
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	704.70	361.34	1,066.04	1,736.36	904.52	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	704.70	551.66	1,256.36	1,736.36	1,397.18	3,133.54
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	725.74	-	725.74	1,790.18	-	1,790.18
3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
	DEAN HEALTH INSURANCE - PREVEA360	734.64	-	734.64	1,812.38	-	1,812.38
3	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
3	SECURITY HEALTH PLAN - VALLEY	762.03	308.71	1,070.74	1,879.69	772.99	2,652.68
*	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
	WEA TRUST - EAST	762.03	82.01	844.04	1,879.69	206.19	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54
ONEIDA							
* 3	ARISE HEALTH PLAN	900.94	168.20	1,069.14	2,226.92	421.76	2,648.68
	GHC OF EAU CLAIRE	900.94	17.70	918.64	2,226.92	45.46	2,272.38
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	900.94	169.80	1,070.74	2,226.92	425.76	2,652.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	900.94	355.42	1,256.36	2,226.92	906.62	3,133.54
OUTAGAMIE							
	ANTHEM BLUE PREFERRED NORTHEAST	725.74	-	725.74	1,790.18	-	1,790.18
3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
*	DEAN HEALTH INSURANCE - PREVEA360	734.64	-	734.64	1,812.38	-	1,812.38
3	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
3	SECURITY HEALTH PLAN - VALLEY	762.03	308.71	1,070.74	1,879.69	772.99	2,652.68
	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
	WEA TRUST - EAST	762.03	82.01	844.04	1,879.69	206.19	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54

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LCQP

IYC Local Health Plan; With Dental - P06

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	805.81	263.33	1,069.14	1,989.10	659.58	2,648.68
3	HUMANA - EASTERN	805.81	281.73	1,087.54	1,989.10	705.58	2,694.68
	NETWORK HEALTH - SOUTHEAST	767.44	-	767.44	1,894.38	-	1,894.38
	UNITEDHEALTHCARE OF WISCONSIN	805.81	111.23	917.04	1,989.10	279.28	2,268.38
	WEA TRUST - EAST	805.81	38.23	844.04	1,989.10	96.78	2,085.88
3	IYC ACCESS HEALTH PLAN - WAUKESHA	805.81	450.55	1,256.36	1,989.10	1,144.44	3,133.54
PEPIN							
*	HEALTH TRADITION HEALTH PLAN	681.64	-	681.64	1,679.88	-	1,679.88
*	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
* 3	HUMANA - WESTERN	871.73	377.61	1,249.34	2,170.77	928.41	3,099.18
* 3	SECURITY HEALTH PLAN - CENTRAL	871.73	199.01	1,070.74	2,170.77	481.91	2,652.68
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	871.73	194.31	1,066.04	2,170.77	470.11	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.73	384.63	1,256.36	2,170.77	962.77	3,133.54
	STATE MAINTENANCE PLAN (SMP) WPE	830.22	247.19	830.22	2,067.40	617.08	2,067.40
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3 *	HUMANA - WESTERN	900.94	348.40	1,249.34	2,226.92	872.26	3,099.18
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	900.94	165.10	1,066.04	2,226.92	413.96	2,640.88
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	900.94	165.10	1,066.04	2,226.92	413.96	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	900.94	355.42	1,256.36	2,226.92	906.62	3,133.54
POLK							
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	HUMANA - WESTERN	900.94	348.40	1,249.34	2,226.92	872.26	3,099.18
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	900.94	165.10	1,066.04	2,226.92	413.96	2,640.88
3	IYC ACCESS HEALTH PLAN - DANE	900.94	264.18	1,165.12	2,226.92	678.54	2,905.46
PORTAGE							
* 3	ARISE HEALTH PLAN	886.24	182.90	1,069.14	2,190.17	458.51	2,648.68
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
*	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
3	SECURITY HEALTH PLAN - CENTRAL	886.24	184.50	1,070.74	2,190.17	462.51	2,652.68
	WEA TRUST - EAST	844.04	-	844.04	2,085.88	-	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	886.24	370.12	1,256.36	2,190.17	943.37	3,133.54
PRICE							
* 3	ARISE HEALTH PLAN	964.57	104.57	1,069.14	2,386.00	262.68	2,648.68
	GHC OF EAU CLAIRE	918.64	-	918.64	2,272.38	-	2,272.38
*	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	964.57	106.17	1,070.74	2,386.00	266.68	2,652.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	964.57	291.79	1,256.36	2,386.00	747.54	3,133.54
RACINE							
3 *	ARISE HEALTH PLAN	805.81	263.33	1,069.14	1,989.10	659.58	2,648.68
3	HUMANA - EASTERN	805.81	281.73	1,087.54	1,989.10	705.58	2,694.68
	NETWORK HEALTH - SOUTHEAST	767.44	-	767.44	1,894.38	-	1,894.38
	UNITEDHEALTHCARE OF WISCONSIN	805.81	111.23	917.04	1,989.10	279.28	2,268.38
3	IYC ACCESS HEALTH PLAN - WAUKESHA	805.81	450.55	1,256.36	1,989.10	1,144.44	3,133.54

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LCQP

IYC Local Health Plan; With Dental - P06

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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
RICHLAND							
	DEAN HEALTH INSURANCE	704.70	53.64	758.34	1,736.36	135.32	1,871.68
	GUNDERSEN HEALTH PLAN	671.14	-	671.14	1,653.68	-	1,653.68
	HEALTH TRADITION HEALTH PLAN	681.64	-	681.64	1,679.88	-	1,679.88
	PHYSICIANS PLUS	704.70	27.04	731.74	1,736.36	68.82	1,805.18
	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	704.70	551.66	1,256.36	1,736.36	1,397.18	3,133.54
ROCK							
	DEAN HEALTH INSURANCE	707.53	50.81	758.34	1,743.40	128.28	1,871.68
3	HUMANA - EASTERN	707.53	380.01	1,087.54	1,743.40	951.28	2,694.68
	MERCYCARE HEALTH PLANS	707.44	-	707.44	1,743.40	0.98	1,744.38
*	PHYSICIANS PLUS	707.53	24.21	731.74	1,743.40	61.78	1,805.18
	UNITEDHEALTHCARE OF WISCONSIN	707.53	209.51	917.04	1,743.40	524.98	2,268.38
	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
	WEA TRUST - EAST	707.53	136.51	844.04	1,743.40	342.48	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	707.53	548.83	1,256.36	1,743.40	1,390.14	3,133.54
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	871.73	199.01	1,070.74	2,170.77	481.91	2,652.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	871.73	194.31	1,066.04	2,170.77	470.11	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.73	384.63	1,256.36	2,170.77	962.77	3,133.54
	STATE MAINTENANCE PLAN (SMP) WPE	830.22	-	830.22	2,067.40	-	2,067.40
SAUK							
	DEAN HEALTH INSURANCE	704.70	53.64	758.34	1,736.36	135.32	1,871.68
	GHC OF SOUTH CENTRAL WISCONSIN	671.24	-	671.24	1,653.88	-	1,653.88
	GUNDERSEN HEALTH PLAN	671.14	-	671.14	1,653.68	-	1,653.68
	HEALTH TRADITION HEALTH PLAN	681.64	-	681.64	1,679.88	-	1,679.88
	PHYSICIANS PLUS	704.70	27.04	731.74	1,736.36	68.82	1,805.18
	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	704.70	551.66	1,256.36	1,736.36	1,397.18	3,133.54
SAWYER							
	GHC OF EAU CLAIRE	900.94	17.70	918.64	2,226.92	45.46	2,272.38
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	900.94	169.80	1,070.74	2,226.92	425.76	2,652.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	900.94	355.42	1,256.36	2,226.92	906.62	3,133.54
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	725.74	-	725.74	1,790.18	-	1,790.18
3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
3	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
*	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
* 3	SECURITY HEALTH PLAN - CENTRAL	762.03	308.71	1,070.74	1,879.69	772.99	2,652.68
3	SECURITY HEALTH PLAN - VALLEY	762.03	308.71	1,070.74	1,879.69	772.99	2,652.68
	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
	WEA TRUST - EAST	762.03	82.01	844.04	1,879.69	206.19	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Health Plan; With Dental - P06

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	725.74	-	725.74	1,790.18	-	1,790.18
3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
	DEAN HEALTH INSURANCE - PREVEA360	734.64	-	734.64	1,812.38	-	1,812.38
3	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
	WEA TRUST - EAST	762.03	82.01	844.04	1,879.69	206.19	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	HUMANA - WESTERN	900.94	348.40	1,249.34	2,226.92	872.26	3,099.18
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	900.94	165.10	1,066.04	2,226.92	413.96	2,640.88
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	900.94	165.10	1,066.04	2,226.92	413.96	2,640.88
3	IYC ACCESS HEALTH PLAN - DANE	900.94	264.18	1,165.12	2,226.92	678.54	2,905.46
TAYLOR							
3	ARISE HEALTH PLAN	964.57	104.57	1,069.14	2,386.00	262.68	2,648.68
	GHC OF EAU CLAIRE	918.64	-	918.64	2,272.38	-	2,272.38
*	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	964.57	106.17	1,070.74	2,386.00	266.68	2,652.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	964.57	291.79	1,256.36	2,386.00	747.54	3,133.54
TREMPEALEAU							
3	ARISE HEALTH PLAN	704.70	364.44	1,069.14	1,736.36	912.32	2,648.68
	GUNDERSEN HEALTH PLAN	671.14	-	671.14	1,653.68	-	1,653.68
	HEALTH TRADITION HEALTH PLAN	681.64	-	681.64	1,679.88	-	1,679.88
*	HEALTHPARTNERS HEALTH PLAN	704.70	153.34	858.04	1,736.36	384.52	2,120.88
3 *	SECURITY HEALTH PLAN - CENTRAL	704.70	366.04	1,070.74	1,736.36	916.32	2,652.68
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	704.70	361.34	1,066.04	1,736.36	904.52	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	704.70	551.66	1,256.36	1,736.36	1,397.18	3,133.54
VERNON							
* 3	ARISE HEALTH PLAN	704.70	364.44	1,069.14	1,736.36	912.32	2,648.68
*	DEAN HEALTH INSURANCE	704.70	53.64	758.34	1,736.36	135.32	1,871.68
	GUNDERSEN HEALTH PLAN	671.14	-	671.14	1,653.68	-	1,653.68
	HEALTH TRADITION HEALTH PLAN	681.64	-	681.64	1,679.88	-	1,679.88
*	PHYSICIANS PLUS	704.70	27.04	731.74	1,736.36	68.82	1,805.18
	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	704.70	361.34	1,066.04	1,736.36	904.52	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	704.70	551.66	1,256.36	1,736.36	1,397.18	3,133.54
VILAS							
* 3	ARISE HEALTH PLAN	871.73	197.41	1,069.14	2,170.77	477.91	2,648.68
*	GHC OF EAU CLAIRE	871.73	46.91	918.64	2,170.77	101.61	2,272.38
*	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	871.73	199.01	1,070.74	2,170.77	481.91	2,652.68
3 *	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.73	384.63	1,256.36	2,170.77	962.77	3,133.54
	STATE MAINTENANCE PLAN (SMP) WPE	830.22	-	830.22	2,067.40	-	2,067.40

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Health Plan; With Dental - P06

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	707.53	361.61	1,069.14	1,743.40	905.28	2,648.68
*	DEAN HEALTH INSURANCE	707.53	50.81	758.34	1,743.40	128.28	1,871.68
3	HUMANA - EASTERN	707.53	380.01	1,087.54	1,743.40	951.28	2,694.68
	MERCYCARE HEALTH PLANS	707.44	-	707.44	1,743.40	0.98	1,744.38
*	PHYSICIANS PLUS	707.53	24.21	731.74	1,743.40	61.78	1,805.18
	UNITEDHEALTHCARE OF WISCONSIN	707.53	209.51	917.04	1,743.40	524.98	2,268.38
	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
	WEA TRUST - EAST	707.53	136.51	844.04	1,743.40	342.48	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	707.53	548.83	1,256.36	1,743.40	1,390.14	3,133.54
WASHBURN							
	GHC OF EAU CLAIRE	900.94	17.70	918.64	2,226.92	45.46	2,272.38
	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
3	SECURITY HEALTH PLAN - CENTRAL	900.94	169.80	1,070.74	2,226.92	425.76	2,652.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	900.94	165.10	1,066.04	2,226.92	413.96	2,640.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	900.94	355.42	1,256.36	2,226.92	906.62	3,133.54
WASHINGTON							
3	ARISE HEALTH PLAN	805.81	263.33	1,069.14	1,989.10	659.58	2,648.68
3	HUMANA - EASTERN	805.81	281.73	1,087.54	1,989.10	705.58	2,694.68
	NETWORK HEALTH - SOUTHEAST	767.44	-	767.44	1,894.38	-	1,894.38
	UNITEDHEALTHCARE OF WISCONSIN	805.81	111.23	917.04	1,989.10	279.28	2,268.38
	WEA TRUST - EAST	805.81	38.23	844.04	1,989.10	96.78	2,085.88
3	IYC ACCESS HEALTH PLAN - WAUKESHA	805.81	450.55	1,256.36	1,989.10	1,144.44	3,133.54
WAUKESHA							
3	ARISE HEALTH PLAN	707.53	361.61	1,069.14	1,743.40	905.28	2,648.68
	DEAN HEALTH INSURANCE	707.53	50.81	758.34	1,743.40	128.28	1,871.68
3	HUMANA - EASTERN	707.53	380.01	1,087.54	1,743.40	951.28	2,694.68
	NETWORK HEALTH - SOUTHEAST	707.53	59.91	767.44	1,743.40	150.98	1,894.38
*	PHYSICIANS PLUS	707.53	24.21	731.74	1,743.40	61.78	1,805.18
	UNITEDHEALTHCARE OF WISCONSIN	707.53	209.51	917.04	1,743.40	524.98	2,268.38
	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
	WEA TRUST - EAST	707.53	136.51	844.04	1,743.40	342.48	2,085.88
3	IYC ACCESS HEALTH PLAN - WAUKESHA	707.53	548.83	1,256.36	1,743.40	1,390.14	3,133.54
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	725.74	-	725.74	1,790.18	-	1,790.18
3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
3	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
*	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
3 *	SECURITY HEALTH PLAN - CENTRAL	762.03	308.71	1,070.74	1,879.69	772.99	2,652.68
3	SECURITY HEALTH PLAN - VALLEY	762.03	308.71	1,070.74	1,879.69	772.99	2,652.68
	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
	WEA TRUST - EAST	762.03	82.01	844.04	1,879.69	206.19	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54

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LCQP

IYC Local Health Plan; With Dental - P06

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	725.74	-	725.74	1,790.18	-	1,790.18
3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
3	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
*	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
	PHYSICIANS PLUS	731.74	-	731.74	1,805.18	-	1,805.18
3	SECURITY HEALTH PLAN - VALLEY	762.03	308.71	1,070.74	1,879.69	772.99	2,652.68
	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
	WEA TRUST - EAST	762.03	82.01	844.04	1,879.69	206.19	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	725.74	-	725.74	1,790.18	-	1,790.18
3	ARISE HEALTH PLAN	762.03	307.11	1,069.14	1,879.69	768.99	2,648.68
3	HUMANA - EASTERN	762.03	325.51	1,087.54	1,879.69	814.99	2,694.68
	NETWORK HEALTH - NORTHEAST	756.24	-	756.24	1,866.38	-	1,866.38
* 3	SECURITY HEALTH PLAN - VALLEY	762.03	308.71	1,070.74	1,879.69	772.99	2,652.68
	UNITEDHEALTHCARE OF WISCONSIN	762.03	155.01	917.04	1,879.69	388.69	2,268.38
	WEA TRUST - EAST	762.03	82.01	844.04	1,879.69	206.19	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	762.03	494.33	1,256.36	1,879.69	1,253.85	3,133.54
WOOD							
3	ARISE HEALTH PLAN	886.24	182.90	1,069.14	2,190.17	458.51	2,648.68
*	HEALTHPARTNERS HEALTH PLAN	858.04	-	858.04	2,120.88	-	2,120.88
*	PHYSICIANS PLUS	731.74	-	731.74	1,805.18	-	1,805.18
3	SECURITY HEALTH PLAN - CENTRAL	886.24	184.50	1,070.74	2,190.17	462.51	2,652.68
*	UNITY HEALTH INSURANCE - COMMUNITY	673.84	-	673.84	1,660.38	-	1,660.38
	WEA TRUST - EAST	844.04	-	844.04	2,085.88	-	2,085.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	886.24	370.12	1,256.36	2,190.17	943.37	3,133.54