2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local HDHP; With Dental - P07

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	610.32	43.74	654.06	1,500.37	110.55	1,610.92
	PHYSICIANS PLUS	610.32	20.84	631.16	1,500.37	53.35	1,553.72
3	SECURITY HEALTH PLAN - CENTRAL	610.32	312.94	923.26	1,500.37	783.55	2,283.92
	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
	WEA TRUST - EAST	610.32	117.64	727.96	1,500.37	295.35	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	610.32	463.10	1,073.42	1,500.37	1,177.17	2,677.54
ASHLAND							
	GHC OF EAU CLAIRE	776.96	15.20	792.16	1,917.01	39.21	1,956.22
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	776.96	146.30	923.26	1,917.01	366.91	2,283.92
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.96	142.30	919.26	1,917.01	356.91	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	776.96	296.46	1,073.42	1,917.01	760.53	2,677.54
BARRON							
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	HUMANA - WESTERN	776.96	300.20	1,077.16	1,917.01	751.71	2,668.72
3	SECURITY HEALTH PLAN - CENTRAL	776.96	146.30	923.26	1,917.01	366.91	2,283.92
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.96	142.30	919.26	1,917.01	356.91	2,273.92
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	776.96	142.30	919.26	1,917.01	356.91	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	776.96	296.46	1,073.42	1,917.01	760.53	2,677.54
BAYFIELD							
*	GHC OF EAU CLAIRE	772.28	19.88	792.16	1,922.09	34.13	1,956.22
*	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
* 3	SECURITY HEALTH PLAN - CENTRAL	772.28	150.98	923.26	1,922.09	361.83	2,283.92
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	772.28	146.98	919.26	1,922.09	351.83	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	772.28	301.14	1,073.42	1,922.09	755.45	2,677.54
	STATE MAINTENANCE PLAN (SMP) WPE	735.50	-	735.50	1,830.56	-	1,830.56
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	625.96	-	625.96	1,540.72	-	1,540.72
3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
	DEAN HEALTH INSURANCE - PREVEA360	633.66	-	633.66	1,559.92	-	1,559.92
3	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
3	SECURITY HEALTH PLAN - VALLEY	657.26	266.00	923.26	1,617.76	666.16	2,283.92
	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
	WEA TRUST - EAST	657.26	70.70	727.96	1,617.76	177.96	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	587.96	-	587.96	1,445.72	-	1,445.72
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	772.28	146.98	919.26	1,922.09	351.83	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	772.28	301.14	1,073.42	1,922.09	755.45	2,677.54
	STATE MAINTENANCE PLAN (SMP) WPE	735.50	-	735.50	1,830.56	-	1,830.56

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LCQP

IYC Local HDHP; With Dental - P07

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	776.96	15.20	792.16	1,917.01	39.21	1,956.22
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	776.96	146.30	923.26	1,917.01	366.91	2,283.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	776.96	296.46	1,073.42	1,917.01	760.53	2,677.54
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	625.96	-	625.96	1,540.72	-	1,540.72
* 3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
3	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
*	WEA TRUST - EAST	657.26	70.70	727.96	1,617.76	177.96	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	578.96	-	578.96	1,423.22	-	1,423.22
	HEALTHPARTNERS HEALTH PLAN	607.91	132.05	739.96	1,494.38	331.34	1,825.72
3	HUMANA - WESTERN	607.91	469.25	1,077.16	1,494.38	1,174.34	2,668.72
3	SECURITY HEALTH PLAN - CENTRAL	607.91	315.35	923.26	1,494.38	789.54	2,283.92
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	607.91	311.35	919.26	1,494.38	779.54	2,273.92
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	607.91	311.35	919.26	1,494.38	779.54	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	607.91	465.51	1,073.42	1,494.38	1,183.16	2,677.54
CLARK							
* 3	ARISE HEALTH PLAN	776.96	144.90	921.86	1,917.01	363.41	2,280.42
	GHC OF EAU CLAIRE	776.96	15.20	792.16	1,917.01	39.21	1,956.22
*	GUNDERSEN HEALTH PLAN	578.96	-	578.96	1,423.22	-	1,423.22
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	776.96	146.30	923.26	1,917.01	366.91	2,283.92
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.96	142.30	919.26	1,917.01	356.91	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	776.96	296.46	1,073.42	1,917.01	760.53	2,677.54
COLUMBIA							
3	ARISE HEALTH PLAN	608.01	313.85	921.86	1,494.59	785.83	2,280.42
	DEAN HEALTH INSURANCE	608.01	46.05	654.06	1,494.59	116.33	1,610.92
	GHC OF SOUTH CENTRAL WISCONSIN	579.06	-	579.06	1,423.42	-	1,423.42
	PHYSICIANS PLUS	608.01	23.15	631.16	1,494.59	59.13	1,553.72
	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
	WEA TRUST - EAST	608.01	119.95	727.96	1,494.59	301.13	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	608.01	465.41	1,073.42	1,494.59	1,182.95	2,677.54
CRAWFORD							
* 3	ARISE HEALTH PLAN	567.59	354.27	921.86	1,393.58	886.84	2,280.42
	GUNDERSEN HEALTH PLAN	567.59	11.37	578.96	1,393.58	29.64	1,423.22
	HEALTH TRADITION HEALTH PLAN	567.59	20.37	587.96	1,393.58	52.14	1,445.72
	HEALTHPARTNERS HEALTH PLAN	567.59	172.37	739.96	1,393.58	432.14	1,825.72
	MEDICAL ASSOCIATES HEALTH PLANS	540.56	-	540.56	1,327.22	-	1,327.22
*	UNITY HEALTH INSURANCE - COMMUNITY	567.59	13.67	581.26	1,393.58	35.34	1,428.92
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	567.59	351.67	919.26	1,393.58	880.34	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	567.59	505.83	1,073.42	1,393.58	1,283.96	2,677.54

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LCQP

IYC Local HDHP; With Dental - P07

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	549.53	104.53	654.06	1,348.43	262.49	1,610.92
	GHC OF SOUTH CENTRAL WISCONSIN	549.53	29.53	579.06	1,348.43	74.99	1,423.42
	PHYSICIANS PLUS	549.53	81.63	631.16	1,348.43	205.29	1,553.72
	UNITY HEALTH INSURANCE - UW HEALTH	523.36	-	523.36	1,284.22	-	1,284.22
3	IYC ACCESS HEALTH PLAN - DANE	549.53	445.25	994.78	1,348.43	1,132.53	2,480.96
DODGE							
3	ARISE HEALTH PLAN	610.32	311.54	921.86	1,500.37	780.05	2,280.42
	DEAN HEALTH INSURANCE	610.32	43.74	654.06	1,500.37	110.55	1,610.92
3	HUMANA - EASTERN	610.32	327.44	937.76	1,500.37	819.85	2,320.22
	NETWORK HEALTH - NORTHEAST	610.32	41.94	652.26	1,500.37	106.05	1,606.42
	PHYSICIANS PLUS	610.32	20.84	631.16	1,500.37	53.35	1,553.72
	UNITEDHEALTHCARE OF WISCONSIN	610.32	180.44	790.76	1,500.37	452.35	1,952.72
	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
	WEA TRUST - EAST	610.32	117.64	727.96	1,500.37	295.35	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	610.32	463.10	1,073.42	1,500.37	1,177.17	2,677.54
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	625.96	-	625.96	1,540.72	-	1,540.72
3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
*	DEAN HEALTH INSURANCE - PREVEA360	633.66	-	633.66	1,559.92	-	1,559.92
3	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
	WEA TRUST - EAST	657.26	70.70	727.96	1,617.76	177.96	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54
DOUGLAS							
	GHC OF EAU CLAIRE	776.96	15.20	792.16	1,917.01	39.21	1,956.22
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	HUMANA - WESTERN	776.96	300.20	1,077.16	1,917.01	751.71	2,668.72
3	SECURITY HEALTH PLAN - CENTRAL	776.96	146.30	923.26	1,917.01	366.91	2,283.92
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.96	142.30	919.26	1,917.01	356.91	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	776.96	296.46	1,073.42	1,917.01	760.53	2,677.54
DUNN							
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	HUMANA - WESTERN	776.96	300.20	1,077.16	1,917.01	751.71	2,668.72
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.96	142.30	919.26	1,917.01	356.91	2,273.92
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	776.96	142.30	919.26	1,917.01	356.91	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	776.96	296.46	1,073.42	1,917.01	760.53	2,677.54

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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	607.91	313.95	921.86	1,494.38	786.04	2,280.42
	GUNDERSEN HEALTH PLAN	578.96	-	578.96	1,423.22	-	1,423.22
	HEALTHPARTNERS HEALTH PLAN	607.91	132.05	739.96	1,494.38	331.34	1,825.72
3	HUMANA - WESTERN	607.91	469.25	1,077.16	1,494.38	1,174.34	2,668.72
3	SECURITY HEALTH PLAN - CENTRAL	607.91	315.35	923.26	1,494.38	789.54	2,283.92
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	607.91	311.35	919.26	1,494.38	779.54	2,273.92
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	607.91	311.35	919.26	1,494.38	779.54	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	607.91	465.51	1,073.42	1,494.38	1,183.16	2,677.54
FLORENCE							
* 3	ARISE HEALTH PLAN	772.28	149.58	921.86	1,922.09	358.33	2,280.42
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	772.28	301.14	1,073.42	1,922.09	755.45	2,677.54
	STATE MAINTENANCE PLAN (SMP) WPE	735.50	-	735.50	1,830.56	-	1,830.56
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	610.32	15.64	625.96	1,500.37	40.35	1,540.72
3	ARISE HEALTH PLAN	610.32	311.54	921.86	1,500.37	780.05	2,280.42
	DEAN HEALTH INSURANCE	610.32	43.74	654.06	1,500.37	110.55	1,610.92
3	HUMANA - EASTERN	610.32	327.44	937.76	1,500.37	819.85	2,320.22
	NETWORK HEALTH - NORTHEAST	610.32	41.94	652.26	1,500.37	106.05	1,606.42
	UNITEDHEALTHCARE OF WISCONSIN	610.32	180.44	790.76	1,500.37	452.35	1,952.72
	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
	WEA TRUST - EAST	610.32	117.64	727.96	1,500.37	295.35	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	610.32	463.10	1,073.42	1,500.37	1,177.17	2,677.54
FOREST							
* 3	ARISE HEALTH PLAN	772.28	149.58	921.86	1,922.09	358.33	2,280.42
* 3	SECURITY HEALTH PLAN - CENTRAL	772.28	150.98	923.26	1,922.09	361.83	2,283.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	772.28	301.14	1,073.42	1,922.09	755.45	2,677.54
	STATE MAINTENANCE PLAN (SMP) WPE	735.50	-	735.50	1,830.56	-	1,830.56
GRANT							
* 3	ARISE HEALTH PLAN	567.59	354.27	921.86	1,393.58	886.84	2,280.42
	DEAN HEALTH INSURANCE	567.59	86.47	654.06	1,393.58	217.34	1,610.92
	GUNDERSEN HEALTH PLAN	567.59	11.37	578.96	1,393.58	29.64	1,423.22
	HEALTH TRADITION HEALTH PLAN	567.59	20.37	587.96	1,393.58	52.14	1,445.72
	MEDICAL ASSOCIATES HEALTH PLANS	540.56	-	540.56	1,327.22	-	1,327.22
	PHYSICIANS PLUS	567.59	63.57	631.16	1,393.58	160.14	1,553.72
	UNITY HEALTH INSURANCE - COMMUNITY	567.59	13.67	581.26	1,393.58	35.34	1,428.92
3	IYC ACCESS HEALTH PLAN - DANE	567.59	427.19	994.78	1,393.58	1,087.38	2,480.96
GREEN							
	DEAN HEALTH INSURANCE	610.32	43.74	654.06	1,500.37	110.55	1,610.92
3	HUMANA - EASTERN	610.32	327.44	937.76	1,500.37	819.85	2,320.22
*	MERCYCARE HEALTH PLANS	610.26	-	610.26	1,500.37	1.05	1,501.42
	PHYSICIANS PLUS	610.32	20.84	631.16	1,500.37	53.35	1,553.72
	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	610.32	463.10	1,073.42	1,500.37	1,177.17	2,677.54

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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	625.96	-	625.96	1,540.72	-	1,540.72
3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
*	DEAN HEALTH INSURANCE	654.06	-	654.06	1,610.92	-	1,610.92
3	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
*	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
*	PHYSICIANS PLUS	631.16	-	631.16	1,553.72	-	1,553.72
3	SECURITY HEALTH PLAN - VALLEY	657.26	266.00	923.26	1,617.76	666.16	2,283.92
	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
	WEA TRUST - EAST	657.26	70.70	727.96	1,617.76	177.96	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54
IOWA							
	DEAN HEALTH INSURANCE	567.59	86.47	654.06	1,393.58	217.34	1,610.92
	MEDICAL ASSOCIATES HEALTH PLANS	540.56	-	540.56	1,327.22	-	1,327.22
	PHYSICIANS PLUS	567.59	63.57	631.16	1,393.58	160.14	1,553.72
	UNITY HEALTH INSURANCE - COMMUNITY	567.59	13.67	581.26	1,393.58	35.34	1,428.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	567.59	505.83	1,073.42	1,393.58	1,283.96	2,677.54
IRON							
*	GHC OF EAU CLAIRE	772.28	19.88	792.16	1,922.09	34.13	1,956.22
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	772.28	146.98	919.26	1,922.09	351.83	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	772.28	301.14	1,073.42	1,922.09	755.45	2,677.54
	STATE MAINTENANCE PLAN (SMP) WPE	735.50	-	735.50	1,830.56	-	1,830.56
JACKSON							
	GUNDERSEN HEALTH PLAN	578.96	-	578.96	1,423.22	-	1,423.22
	HEALTH TRADITION HEALTH PLAN	587.96	-	587.96	1,445.72	-	1,445.72
	HEALTHPARTNERS HEALTH PLAN	607.91	132.05	739.96	1,494.38	331.34	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	607.91	315.35	923.26	1,494.38	789.54	2,283.92
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	607.91	311.35	919.26	1,494.38	779.54	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	607.91	465.51	1,073.42	1,494.38	1,183.16	2,677.54
JEFFERSON							
* 3	ARISE HEALTH PLAN	610.32	311.54	921.86	1,500.37	780.05	2,280.42
	DEAN HEALTH INSURANCE	610.32	43.74	654.06	1,500.37	110.55	1,610.92
3	HUMANA - EASTERN	610.32	327.44	937.76	1,500.37	819.85	2,320.22
	MERCYCARE HEALTH PLANS	610.26	-	610.26	1,500.37	1.05	1,501.42
	PHYSICIANS PLUS	610.32	20.84	631.16	1,500.37	53.35	1,553.72
	UNITEDHEALTHCARE OF WISCONSIN	610.32	180.44	790.76	1,500.37	452.35	1,952.72
	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
	WEA TRUST - EAST	610.32	117.64	727.96	1,500.37	295.35	1,795.72
3	IYC ACCESS HEALTH PLAN - DANE	610.32	384.46	994.78	1,500.37	980.59	2,480.96

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local HDHP; With Dental - P07

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	607.91	313.95	921.86	1,494.38	786.04	2,280.42
*	DEAN HEALTH INSURANCE	607.91	46.15	654.06	1,494.38	116.54	1,610.92
	GUNDERSEN HEALTH PLAN	578.96	-	578.96	1,423.22	-	1,423.22
	HEALTH TRADITION HEALTH PLAN	587.96	-	587.96	1,445.72	-	1,445.72
	PHYSICIANS PLUS	607.91	23.25	631.16	1,494.38	59.34	1,553.72
3	SECURITY HEALTH PLAN - CENTRAL	607.91	315.35	923.26	1,494.38	789.54	2,283.92
	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
	WEA TRUST - EAST	607.91	120.05	727.96	1,494.38	301.34	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	607.91	465.51	1,073.42	1,494.38	1,183.16	2,677.54
KENOSHA							
3	ARISE HEALTH PLAN	830.30	91.56	921.86	2,050.36	230.06	2,280.42
3	HUMANA - EASTERN	830.30	107.46	937.76	2,050.36	269.86	2,320.22
	UNITEDHEALTHCARE OF WISCONSIN	790.76	-	790.76	1,952.72	-	1,952.72
3	IYC ACCESS HEALTH PLAN - WAUKESHA	830.30	243.12	1,073.42	2,050.36	627.18	2,677.54
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	625.96	-	625.96	1,540.72	-	1,540.72
3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
*	DEAN HEALTH INSURANCE - PREVEA360	633.66	-	633.66	1,559.92	-	1,559.92
3 *	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
*	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
3 *	SECURITY HEALTH PLAN - VALLEY	657.26	266.00	923.26	1,617.76	666.16	2,283.92
	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
	WEA TRUST - EAST	657.26	70.70	727.96	1,617.76	177.96	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54
LACROSSE							
* 3	ARISE HEALTH PLAN	607.91	313.95	921.86	1,494.38	786.04	2,280.42
	GUNDERSEN HEALTH PLAN	578.96	-	578.96	1,423.22	-	1,423.22
	HEALTH TRADITION HEALTH PLAN	587.96	-	587.96	1,445.72	-	1,445.72
	HEALTHPARTNERS HEALTH PLAN	607.91	132.05	739.96	1,494.38	331.34	1,825.72
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	607.91	311.35	919.26	1,494.38	779.54	2,273.92
3	IYC ACCESS HEALTH PLAN - DANE	607.91	386.87	994.78	1,494.38	986.58	2,480.96
LAFAYETTE							
*	DEAN HEALTH INSURANCE	567.59	86.47	654.06	1,393.58	217.34	1,610.92
	MEDICAL ASSOCIATES HEALTH PLANS	540.56	-	540.56	1,327.22	-	1,327.22
	PHYSICIANS PLUS	567.59	63.57	631.16	1,393.58	160.14	1,553.72
*	UNITY HEALTH INSURANCE - COMMUNITY	567.59	13.67	581.26	1,393.58	35.34	1,428.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	567.59	505.83	1,073.42	1,393.58	1,283.96	2,677.54
LANGLADE							
3	ARISE HEALTH PLAN	831.77	90.09	921.86	2,054.03	226.39	2,280.42
	GHC OF EAU CLAIRE	792.16	-	792.16	1,956.22	-	1,956.22
*	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	831.77	91.49	923.26	2,054.03	229.89	2,283.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	831.77	241.65	1,073.42	2,054.03	623.51	2,677.54

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local HDHP; With Dental - P07

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	776.96	144.90	921.86	1,917.01	363.41	2,280.42
	GHC OF EAU CLAIRE	776.96	15.20	792.16	1,917.01	39.21	1,956.22
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	776.96	146.30	923.26	1,917.01	366.91	2,283.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	776.96	296.46	1,073.42	1,917.01	760.53	2,677.54
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	625.96	-	625.96	1,540.72	-	1,540.72
3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
	DEAN HEALTH INSURANCE - PREVEA360	633.66	-	633.66	1,559.92	-	1,559.92
3	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
	WEA TRUST - EAST	657.26	70.70	727.96	1,617.76	177.96	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54
MARATHON							
3	ARISE HEALTH PLAN	764.36	157.50	921.86	1,885.51	394.91	2,280.42
	GHC OF EAU CLAIRE	764.36	27.80	792.16	1,885.51	70.71	1,956.22
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	764.36	158.90	923.26	1,885.51	398.41	2,283.92
	WEA TRUST - EAST	727.96	-	727.96	1,795.72	-	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	764.36	309.06	1,073.42	1,885.51	792.03	2,677.54
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	625.96	-	625.96	1,540.72	-	1,540.72
3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
*	DEAN HEALTH INSURANCE - PREVEA360	633.66	-	633.66	1,559.92	-	1,559.92
3	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
*	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54
MARQUETTE							
* 3	ARISE HEALTH PLAN	662.72	259.14	921.86	1,631.41	649.01	2,280.42
*	DEAN HEALTH INSURANCE	654.06	-	654.06	1,610.92	-	1,610.92
	PHYSICIANS PLUS	631.16	-	631.16	1,553.72	-	1,553.72
* 3	SECURITY HEALTH PLAN - VALLEY	662.72	260.54	923.26	1,631.41	652.51	2,283.92
*	UNITEDHEALTHCARE OF WISCONSIN	662.72	128.04	790.76	1,631.41	321.31	1,952.72
*	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
	WEA TRUST - EAST	662.72	65.24	727.96	1,631.41	164.31	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	662.72	410.70	1,073.42	1,631.41	1,046.13	2,677.54
MENOMINEE							
* 3	ARISE HEALTH PLAN	772.28	149.58	921.86	1,922.09	358.33	2,280.42
*	WEA TRUST - EAST	727.96	-	727.96	1,795.72	-	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	772.28	301.14	1,073.42	1,922.09	755.45	2,677.54
	STATE MAINTENANCE PLAN (SMP) WPE	735.50	-	735.50	1,830.56	-	1,830.56

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local HDHP; With Dental - P07

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	694.95	226.91	921.86	1,711.94	568.48	2,280.42
3	HUMANA - EASTERN	694.95	242.81	937.76	1,711.94	608.28	2,320.22
	NETWORK HEALTH - SOUTHEAST	661.86	-	661.86	1,630.42	-	1,630.42
	UNITEDHEALTHCARE OF WISCONSIN	694.95	95.81	790.76	1,711.94	240.78	1,952.72
	WEA TRUST - EAST	694.95	33.01	727.96	1,711.94	83.78	1,795.72
3	IYC ACCESS HEALTH PLAN - MILWAUKEE	694.95	466.77	1,161.72	1,711.94	1,186.30	2,898.24
MONROE							
* 3	ARISE HEALTH PLAN	607.91	313.95	921.86	1,494.38	786.04	2,280.42
	GUNDERSEN HEALTH PLAN	578.96	-	578.96	1,423.22	-	1,423.22
	HEALTH TRADITION HEALTH PLAN	587.96	-	587.96	1,445.72	-	1,445.72
	HEALTHPARTNERS HEALTH PLAN	607.91	132.05	739.96	1,494.38	331.34	1,825.72
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	607.91	311.35	919.26	1,494.38	779.54	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	607.91	465.51	1,073.42	1,494.38	1,183.16	2,677.54
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	625.96	-	625.96	1,540.72	-	1,540.72
3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
	DEAN HEALTH INSURANCE - PREVEA360	633.66	-	633.66	1,559.92	-	1,559.92
3	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
3	SECURITY HEALTH PLAN - VALLEY	657.26	266.00	923.26	1,617.76	666.16	2,283.92
*	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
	WEA TRUST - EAST	657.26	70.70	727.96	1,617.76	177.96	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54
ONEIDA							
* 3	ARISE HEALTH PLAN	776.96	144.90	921.86	1,917.01	363.41	2,280.42
	GHC OF EAU CLAIRE	776.96	15.20	792.16	1,917.01	39.21	1,956.22
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	776.96	146.30	923.26	1,917.01	366.91	2,283.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	776.96	296.46	1,073.42	1,917.01	760.53	2,677.54
OUTAGAMIE							
	ANTHEM BLUE PREFERRED NORTHEAST	625.96	-	625.96	1,540.72	-	1,540.72
3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
*	DEAN HEALTH INSURANCE - PREVEA360	633.66	-	633.66	1,559.92	-	1,559.92
3	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
3	SECURITY HEALTH PLAN - VALLEY	657.26	266.00	923.26	1,617.76	666.16	2,283.92
	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
	WEA TRUST - EAST	657.26	70.70	727.96	1,617.76	177.96	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local HDHP; With Dental - P07

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	694.95	226.91	921.86	1,711.94	568.48	2,280.42
3	HUMANA - EASTERN	694.95	242.81	937.76	1,711.94	608.28	2,320.22
	NETWORK HEALTH - SOUTHEAST	661.86	-	661.86	1,630.42	-	1,630.42
	UNITEDHEALTHCARE OF WISCONSIN	694.95	95.81	790.76	1,711.94	240.78	1,952.72
	WEA TRUST - EAST	694.95	33.01	727.96	1,711.94	83.78	1,795.72
3	IYC ACCESS HEALTH PLAN - WAUKESHA	694.95	378.47	1,073.42	1,711.94	965.60	2,677.54
PEPIN							
*	HEALTH TRADITION HEALTH PLAN	587.96	-	587.96	1,445.72	-	1,445.72
*	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
* 3	HUMANA - WESTERN	772.28	304.88	1,077.16	1,922.09	746.63	2,668.72
* 3	SECURITY HEALTH PLAN - CENTRAL	772.28	150.98	923.26	1,922.09	361.83	2,283.92
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	772.28	146.98	919.26	1,922.09	351.83	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	772.28	301.14	1,073.42	1,922.09	755.45	2,677.54
	STATE MAINTENANCE PLAN (SMP) WPE	735.50	247.19	735.50	1,830.56	617.08	1,830.56
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3 *	HUMANA - WESTERN	776.96	300.20	1,077.16	1,917.01	751.71	2,668.72
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.96	142.30	919.26	1,917.01	356.91	2,273.92
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	776.96	142.30	919.26	1,917.01	356.91	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	776.96	296.46	1,073.42	1,917.01	760.53	2,677.54
POLK							
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	HUMANA - WESTERN	776.96	300.20	1,077.16	1,917.01	751.71	2,668.72
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.96	142.30	919.26	1,917.01	356.91	2,273.92
3	IYC ACCESS HEALTH PLAN - DANE	776.96	217.82	994.78	1,917.01	563.95	2,480.96
PORTAGE							
* 3	ARISE HEALTH PLAN	764.36	157.50	921.86	1,885.51	394.91	2,280.42
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
*	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
3	SECURITY HEALTH PLAN - CENTRAL	764.36	158.90	923.26	1,885.51	398.41	2,283.92
	WEA TRUST - EAST	727.96	-	727.96	1,795.72	-	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	764.36	309.06	1,073.42	1,885.51	792.03	2,677.54
PRICE							
* 3	ARISE HEALTH PLAN	831.77	90.09	921.86	2,054.03	226.39	2,280.42
	GHC OF EAU CLAIRE	792.16	-	792.16	1,956.22	-	1,956.22
*	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	831.77	91.49	923.26	2,054.03	229.89	2,283.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	831.77	241.65	1,073.42	2,054.03	623.51	2,677.54
RACINE							
3 *	ARISE HEALTH PLAN	694.95	226.91	921.86	1,711.94	568.48	2,280.42
3	HUMANA - EASTERN	694.95	242.81	937.76	1,711.94	608.28	2,320.22
	NETWORK HEALTH - SOUTHEAST	661.86	-	661.86	1,630.42	-	1,630.42
	UNITEDHEALTHCARE OF WISCONSIN	694.95	95.81	790.76	1,711.94	240.78	1,952.72
3	IYC ACCESS HEALTH PLAN - WAUKESHA	694.95	378.47	1,073.42	1,711.94	965.60	2,677.54

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LCQP

IYC Local HDHP; With Dental - P07

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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	607.91	46.15	654.06	1,494.38	116.54	1,610.92
	GUNDERSEN HEALTH PLAN	578.96	-	578.96	1,423.22	-	1,423.22
	HEALTH TRADITION HEALTH PLAN	587.96	-	587.96	1,445.72	-	1,445.72
	PHYSICIANS PLUS	607.91	23.25	631.16	1,494.38	59.34	1,553.72
	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	607.91	465.51	1,073.42	1,494.38	1,183.16	2,677.54
ROCK							
	DEAN HEALTH INSURANCE	610.32	43.74	654.06	1,500.37	110.55	1,610.92
3	HUMANA - EASTERN	610.32	327.44	937.76	1,500.37	819.85	2,320.22
	MERCYCARE HEALTH PLANS	610.26	-	610.26	1,500.37	1.05	1,501.42
*	PHYSICIANS PLUS	610.32	20.84	631.16	1,500.37	53.35	1,553.72
	UNITEDHEALTHCARE OF WISCONSIN	610.32	180.44	790.76	1,500.37	452.35	1,952.72
	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
	WEA TRUST - EAST	610.32	117.64	727.96	1,500.37	295.35	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	610.32	463.10	1,073.42	1,500.37	1,177.17	2,677.54
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	772.28	150.98	923.26	1,922.09	361.83	2,283.92
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	772.28	146.98	919.26	1,922.09	351.83	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	772.28	301.14	1,073.42	1,922.09	755.45	2,677.54
	STATE MAINTENANCE PLAN (SMP) WPE	735.50	-	735.50	1,830.56	-	1,830.56
SAUK							
	DEAN HEALTH INSURANCE	607.91	46.15	654.06	1,494.38	116.54	1,610.92
	GHC OF SOUTH CENTRAL WISCONSIN	579.06	-	579.06	1,423.42	-	1,423.42
	GUNDERSEN HEALTH PLAN	578.96	-	578.96	1,423.22	-	1,423.22
	HEALTH TRADITION HEALTH PLAN	587.96	-	587.96	1,445.72	-	1,445.72
	PHYSICIANS PLUS	607.91	23.25	631.16	1,494.38	59.34	1,553.72
	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	607.91	465.51	1,073.42	1,494.38	1,183.16	2,677.54
SAWYER							
	GHC OF EAU CLAIRE	776.96	15.20	792.16	1,917.01	39.21	1,956.22
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	776.96	146.30	923.26	1,917.01	366.91	2,283.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	776.96	296.46	1,073.42	1,917.01	760.53	2,677.54
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	625.96	-	625.96	1,540.72	-	1,540.72
3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
3	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
*	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
* 3	SECURITY HEALTH PLAN - CENTRAL	657.26	266.00	923.26	1,617.76	666.16	2,283.92
3	SECURITY HEALTH PLAN - VALLEY	657.26	266.00	923.26	1,617.76	666.16	2,283.92
	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
	WEA TRUST - EAST	657.26	70.70	727.96	1,617.76	177.96	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local HDHP; With Dental - P07

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	625.96	-	625.96	1,540.72	-	1,540.72
3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
	DEAN HEALTH INSURANCE - PREVEA360	633.66	-	633.66	1,559.92	-	1,559.92
3	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
	WEA TRUST - EAST	657.26	70.70	727.96	1,617.76	177.96	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	HUMANA - WESTERN	776.96	300.20	1,077.16	1,917.01	751.71	2,668.72
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.96	142.30	919.26	1,917.01	356.91	2,273.92
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	776.96	142.30	919.26	1,917.01	356.91	2,273.92
3	IYC ACCESS HEALTH PLAN - DANE	776.96	217.82	994.78	1,917.01	563.95	2,480.96
TAYLOR							
3	ARISE HEALTH PLAN	831.77	90.09	921.86	2,054.03	226.39	2,280.42
	GHC OF EAU CLAIRE	792.16	-	792.16	1,956.22	-	1,956.22
*	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	831.77	91.49	923.26	2,054.03	229.89	2,283.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	831.77	241.65	1,073.42	2,054.03	623.51	2,677.54
TREMPEALEAU							
3	ARISE HEALTH PLAN	607.91	313.95	921.86	1,494.38	786.04	2,280.42
	GUNDERSEN HEALTH PLAN	578.96	-	578.96	1,423.22	-	1,423.22
	HEALTH TRADITION HEALTH PLAN	587.96	-	587.96	1,445.72	-	1,445.72
*	HEALTHPARTNERS HEALTH PLAN	607.91	132.05	739.96	1,494.38	331.34	1,825.72
3 *	SECURITY HEALTH PLAN - CENTRAL	607.91	315.35	923.26	1,494.38	789.54	2,283.92
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	607.91	311.35	919.26	1,494.38	779.54	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	607.91	465.51	1,073.42	1,494.38	1,183.16	2,677.54
VERNON							
* 3	ARISE HEALTH PLAN	607.91	313.95	921.86	1,494.38	786.04	2,280.42
*	DEAN HEALTH INSURANCE	607.91	46.15	654.06	1,494.38	116.54	1,610.92
	GUNDERSEN HEALTH PLAN	578.96	-	578.96	1,423.22	-	1,423.22
	HEALTH TRADITION HEALTH PLAN	587.96	-	587.96	1,445.72	-	1,445.72
*	PHYSICIANS PLUS	607.91	23.25	631.16	1,494.38	59.34	1,553.72
	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	607.91	311.35	919.26	1,494.38	779.54	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	607.91	465.51	1,073.42	1,494.38	1,183.16	2,677.54
VILAS							
* 3	ARISE HEALTH PLAN	772.28	149.58	921.86	1,922.09	358.33	2,280.42
*	GHC OF EAU CLAIRE	772.28	19.88	792.16	1,922.09	34.13	1,956.22
*	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	772.28	150.98	923.26	1,922.09	361.83	2,283.92
3 *	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	772.28	301.14	1,073.42	1,922.09	755.45	2,677.54
	STATE MAINTENANCE PLAN (SMP) WPE	735.50	-	735.50	1,830.56	-	1,830.56

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local HDHP; With Dental - P07

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	610.32	311.54	921.86	1,500.37	780.05	2,280.42
*	DEAN HEALTH INSURANCE	610.32	43.74	654.06	1,500.37	110.55	1,610.92
3	HUMANA - EASTERN	610.32	327.44	937.76	1,500.37	819.85	2,320.22
	MERCYCARE HEALTH PLANS	610.26	-	610.26	1,500.37	1.05	1,501.42
*	PHYSICIANS PLUS	610.32	20.84	631.16	1,500.37	53.35	1,553.72
	UNITEDHEALTHCARE OF WISCONSIN	610.32	180.44	790.76	1,500.37	452.35	1,952.72
	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
	WEA TRUST - EAST	610.32	117.64	727.96	1,500.37	295.35	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	610.32	463.10	1,073.42	1,500.37	1,177.17	2,677.54
WASHBURN							
	GHC OF EAU CLAIRE	776.96	15.20	792.16	1,917.01	39.21	1,956.22
	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
3	SECURITY HEALTH PLAN - CENTRAL	776.96	146.30	923.26	1,917.01	366.91	2,283.92
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	776.96	142.30	919.26	1,917.01	356.91	2,273.92
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	776.96	296.46	1,073.42	1,917.01	760.53	2,677.54
WASHINGTON							
3	ARISE HEALTH PLAN	694.95	226.91	921.86	1,711.94	568.48	2,280.42
3	HUMANA - EASTERN	694.95	242.81	937.76	1,711.94	608.28	2,320.22
	NETWORK HEALTH - SOUTHEAST	661.86	-	661.86	1,630.42	-	1,630.42
	UNITEDHEALTHCARE OF WISCONSIN	694.95	95.81	790.76	1,711.94	240.78	1,952.72
	WEA TRUST - EAST	694.95	33.01	727.96	1,711.94	83.78	1,795.72
3	IYC ACCESS HEALTH PLAN - WAUKESHA	694.95	378.47	1,073.42	1,711.94	965.60	2,677.54
WAUKESHA							
3	ARISE HEALTH PLAN	610.32	311.54	921.86	1,500.37	780.05	2,280.42
	DEAN HEALTH INSURANCE	610.32	43.74	654.06	1,500.37	110.55	1,610.92
3	HUMANA - EASTERN	610.32	327.44	937.76	1,500.37	819.85	2,320.22
	NETWORK HEALTH - SOUTHEAST	610.32	51.54	661.86	1,500.37	130.05	1,630.42
*	PHYSICIANS PLUS	610.32	20.84	631.16	1,500.37	53.35	1,553.72
	UNITEDHEALTHCARE OF WISCONSIN	610.32	180.44	790.76	1,500.37	452.35	1,952.72
	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
	WEA TRUST - EAST	610.32	117.64	727.96	1,500.37	295.35	1,795.72
3	IYC ACCESS HEALTH PLAN - WAUKESHA	610.32	463.10	1,073.42	1,500.37	1,177.17	2,677.54
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	625.96	-	625.96	1,540.72	-	1,540.72
3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
3	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
*	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
3 *	SECURITY HEALTH PLAN - CENTRAL	657.26	266.00	923.26	1,617.76	666.16	2,283.92
3	SECURITY HEALTH PLAN - VALLEY	657.26	266.00	923.26	1,617.76	666.16	2,283.92
	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
	WEA TRUST - EAST	657.26	70.70	727.96	1,617.76	177.96	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54

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LCQP

IYC Local HDHP; With Dental - P07

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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
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	625.96	-	625.96	1,540.72	-	1,540.72
3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
3	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
*	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
	PHYSICIANS PLUS	631.16	-	631.16	1,553.72	-	1,553.72
3	SECURITY HEALTH PLAN - VALLEY	657.26	266.00	923.26	1,617.76	666.16	2,283.92
	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
	WEA TRUST - EAST	657.26	70.70	727.96	1,617.76	177.96	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	625.96	-	625.96	1,540.72	-	1,540.72
3	ARISE HEALTH PLAN	657.26	264.60	921.86	1,617.76	662.66	2,280.42
3	HUMANA - EASTERN	657.26	280.50	937.76	1,617.76	702.46	2,320.22
	NETWORK HEALTH - NORTHEAST	652.26	-	652.26	1,606.42	-	1,606.42
* 3	SECURITY HEALTH PLAN - VALLEY	657.26	266.00	923.26	1,617.76	666.16	2,283.92
	UNITEDHEALTHCARE OF WISCONSIN	657.26	133.50	790.76	1,617.76	334.96	1,952.72
	WEA TRUST - EAST	657.26	70.70	727.96	1,617.76	177.96	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	657.26	416.16	1,073.42	1,617.76	1,059.78	2,677.54
WOOD							
3	ARISE HEALTH PLAN	764.36	157.50	921.86	1,885.51	394.91	2,280.42
*	HEALTHPARTNERS HEALTH PLAN	739.96	-	739.96	1,825.72	-	1,825.72
*	PHYSICIANS PLUS	631.16	-	631.16	1,553.72	-	1,553.72
3	SECURITY HEALTH PLAN - CENTRAL	764.36	158.90	923.26	1,885.51	398.41	2,283.92
*	UNITY HEALTH INSURANCE - COMMUNITY	581.26	-	581.26	1,428.92	-	1,428.92
	WEA TRUST - EAST	727.96	-	727.96	1,795.72	-	1,795.72
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	764.36	309.06	1,073.42	1,885.51	792.03	2,677.54