2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Traditional; No Dental - P12

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	713.37	55.93	769.30	1,757.97	141.09	1,899.06
	PHYSICIANS PLUS	713.37	27.63	741.00	1,757.97	70.29	1,828.26
3	SECURITY HEALTH PLAN - CENTRAL	713.37	388.33	1,101.70	1,757.97	972.09	2,730.06
	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
	WEA TRUST - EAST	713.37	147.13	860.50	1,757.97	369.09	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	713.37	569.99	1,283.36	1,757.97	1,443.03	3,201.00
ASHLAND							
	GHC OF EAU CLAIRE	919.17	20.63	939.80	2,272.47	52.79	2,325.26
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	919.17	182.53	1,101.70	2,272.47	457.59	2,730.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	919.17	177.53	1,096.70	2,272.47	445.09	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	919.17	364.19	1,283.36	2,272.47	928.53	3,201.00
BARRON							
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	HUMANA - WESTERN	919.17	372.53	1,291.70	2,272.47	932.59	3,205.06
3	SECURITY HEALTH PLAN - CENTRAL	919.17	182.53	1,101.70	2,272.47	457.59	2,730.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	919.17	177.53	1,096.70	2,272.47	445.09	2,717.56
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	919.17	177.53	1,096.70	2,272.47	445.09	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	919.17	364.19	1,283.36	2,272.47	928.53	3,201.00
BAYFIELD							
*	GHC OF EAU CLAIRE	880.72	59.08	939.80	2,193.11	132.15	2,325.26
*	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
* 3	SECURITY HEALTH PLAN - CENTRAL	880.72	220.98	1,101.70	2,193.11	536.95	2,730.06
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	880.72	215.98	1,096.70	2,193.11	524.45	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	880.72	402.64	1,283.36	2,193.11	1,007.89	3,201.00
	STATE MAINTENANCE PLAN (SMP) WPE	838.78	-	838.78	2,088.68	-	2,088.68
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	734.60	-	734.60	1,812.26	-	1,812.26
3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
	DEAN HEALTH INSURANCE - PREVEA360	744.10	-	744.10	1,836.06	-	1,836.06
3	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
3	SECURITY HEALTH PLAN - VALLEY	771.33	330.37	1,101.70	1,902.87	827.19	2,730.06
	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
	WEA TRUST - EAST	771.33	89.17	860.50	1,902.87	224.19	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,695.06	-	1,695.06
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	880.72	215.98	1,096.70	2,193.11	524.45	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	880.72	402.64	1,283.36	2,193.11	1,007.89	3,201.00
	STATE MAINTENANCE PLAN (SMP) WPE	838.78	-	838.78	2,088.68	-	2,088.68

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LCQP

IYC Local Traditional; No Dental - P12

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	919.17	20.63	939.80	2,272.47	52.79	2,325.26
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	919.17	182.53	1,101.70	2,272.47	457.59	2,730.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	919.17	364.19	1,283.36	2,272.47	928.53	3,201.00
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	734.60	-	734.60	1,812.26	-	1,812.26
* 3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
3	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
*	WEA TRUST - EAST	771.33	89.17	860.50	1,902.87	224.19	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	676.60	-	676.60	1,667.26	-	1,667.26
	HEALTHPARTNERS HEALTH PLAN	710.43	164.97	875.40	1,750.62	413.64	2,164.26
3	HUMANA - WESTERN	710.43	581.27	1,291.70	1,750.62	1,454.44	3,205.06
3	SECURITY HEALTH PLAN - CENTRAL	710.43	391.27	1,101.70	1,750.62	979.44	2,730.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	710.43	386.27	1,096.70	1,750.62	966.94	2,717.56
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	710.43	386.27	1,096.70	1,750.62	966.94	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	710.43	572.93	1,283.36	1,750.62	1,450.38	3,201.00
CLARK							
* 3	ARISE HEALTH PLAN	919.17	180.73	1,099.90	2,272.47	453.09	2,725.56
	GHC OF EAU CLAIRE	919.17	20.63	939.80	2,272.47	52.79	2,325.26
*	GUNDERSEN HEALTH PLAN	676.60	-	676.60	1,667.26	-	1,667.26
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	919.17	182.53	1,101.70	2,272.47	457.59	2,730.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	919.17	177.53	1,096.70	2,272.47	445.09	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	919.17	364.19	1,283.36	2,272.47	928.53	3,201.00
COLUMBIA							
3	ARISE HEALTH PLAN	710.54	389.36	1,099.90	1,750.94	974.62	2,725.56
	DEAN HEALTH INSURANCE	710.54	58.76	769.30	1,750.94	148.12	1,899.06
	GHC OF SOUTH CENTRAL WISCONSIN	676.70	-	676.70	1,667.56	-	1,667.56
	PHYSICIANS PLUS	710.54	30.46	741.00	1,750.94	77.32	1,828.26
	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
	WEA TRUST - EAST	710.54	149.96	860.50	1,750.94	376.12	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	710.54	572.82	1,283.36	1,750.94	1,450.06	3,201.00
CRAWFORD							
* 3	ARISE HEALTH PLAN	660.66	439.24	1,099.90	1,626.20	1,099.36	2,725.56
	GUNDERSEN HEALTH PLAN	660.66	15.94	676.60	1,626.20	41.06	1,667.26
	HEALTH TRADITION HEALTH PLAN	660.66	27.04	687.70	1,626.20	68.86	1,695.06
	HEALTHPARTNERS HEALTH PLAN	660.66	214.74	875.40	1,626.20	538.06	2,164.26
	MEDICAL ASSOCIATES HEALTH PLANS	629.20	-	629.20	1,548.76	-	1,548.76
*	UNITY HEALTH INSURANCE - COMMUNITY	660.66	18.74	679.40	1,626.20	48.06	1,674.26
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	660.66	436.04	1,096.70	1,626.20	1,091.36	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	660.66	622.70	1,283.36	1,626.20	1,574.80	3,201.00

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LCQP

IYC Local Traditional; No Dental - P12

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	638.30	131.00	769.30	1,570.34	328.72	1,899.06
	GHC OF SOUTH CENTRAL WISCONSIN	638.30	38.40	676.70	1,570.34	97.22	1,667.56
	PHYSICIANS PLUS	638.30	102.70	741.00	1,570.34	257.92	1,828.26
	UNITY HEALTH INSURANCE - UW HEALTH	607.90	-	607.90	1,495.56	-	1,495.56
3	IYC ACCESS HEALTH PLAN - DANE	638.30	548.08	1,186.38	1,570.34	1,388.24	2,958.58
DODGE							
3	ARISE HEALTH PLAN	713.37	386.53	1,099.90	1,757.97	967.59	2,725.56
	DEAN HEALTH INSURANCE	713.37	55.93	769.30	1,757.97	141.09	1,899.06
3	HUMANA - EASTERN	713.37	406.13	1,119.50	1,757.97	1,016.59	2,774.56
	NETWORK HEALTH - NORTHEAST	713.37	53.73	767.10	1,757.97	135.59	1,893.56
	PHYSICIANS PLUS	713.37	27.63	741.00	1,757.97	70.29	1,828.26
	UNITEDHEALTHCARE OF WISCONSIN	713.37	224.73	938.10	1,757.97	563.09	2,321.06
	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
	WEA TRUST - EAST	713.37	147.13	860.50	1,757.97	369.09	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	713.37	569.99	1,283.36	1,757.97	1,443.03	3,201.00
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	734.60	-	734.60	1,812.26	-	1,812.26
3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
*	DEAN HEALTH INSURANCE - PREVEA360	744.10	-	744.10	1,836.06	-	1,836.06
3	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
	WEA TRUST - EAST	771.33	89.17	860.50	1,902.87	224.19	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00
DOUGLAS							
	GHC OF EAU CLAIRE	919.17	20.63	939.80	2,272.47	52.79	2,325.26
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	HUMANA - WESTERN	919.17	372.53	1,291.70	2,272.47	932.59	3,205.06
3	SECURITY HEALTH PLAN - CENTRAL	919.17	182.53	1,101.70	2,272.47	457.59	2,730.06
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	919.17	177.53	1,096.70	2,272.47	445.09	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	919.17	364.19	1,283.36	2,272.47	928.53	3,201.00
DUNN							
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	HUMANA - WESTERN	919.17	372.53	1,291.70	2,272.47	932.59	3,205.06
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	919.17	177.53	1,096.70	2,272.47	445.09	2,717.56
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	919.17	177.53	1,096.70	2,272.47	445.09	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	919.17	364.19	1,283.36	2,272.47	928.53	3,201.00

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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
EAU CLAIRE							
* 3	ARISE HEALTH PLAN	710.43	389.47	1,099.90	1,750.62	974.94	2,725.56
	GUNDERSEN HEALTH PLAN	676.60	-	676.60	1,667.26	-	1,667.26
	HEALTHPARTNERS HEALTH PLAN	710.43	164.97	875.40	1,750.62	413.64	2,164.26
3	HUMANA - WESTERN	710.43	581.27	1,291.70	1,750.62	1,454.44	3,205.06
3	SECURITY HEALTH PLAN - CENTRAL	710.43	391.27	1,101.70	1,750.62	979.44	2,730.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	710.43	386.27	1,096.70	1,750.62	966.94	2,717.56
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	710.43	386.27	1,096.70	1,750.62	966.94	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	710.43	572.93	1,283.36	1,750.62	1,450.38	3,201.00
FLORENCE							
* 3	ARISE HEALTH PLAN	880.72	219.18	1,099.90	2,193.11	532.45	2,725.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	880.72	402.64	1,283.36	2,193.11	1,007.89	3,201.00
	STATE MAINTENANCE PLAN (SMP) WPE	838.78	-	838.78	2,088.68	-	2,088.68
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	713.37	21.23	734.60	1,757.97	54.29	1,812.26
3	ARISE HEALTH PLAN	713.37	386.53	1,099.90	1,757.97	967.59	2,725.56
	DEAN HEALTH INSURANCE	713.37	55.93	769.30	1,757.97	141.09	1,899.06
3	HUMANA - EASTERN	713.37	406.13	1,119.50	1,757.97	1,016.59	2,774.56
	NETWORK HEALTH - NORTHEAST	713.37	53.73	767.10	1,757.97	135.59	1,893.56
	UNITEDHEALTHCARE OF WISCONSIN	713.37	224.73	938.10	1,757.97	563.09	2,321.06
	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
	WEA TRUST - EAST	713.37	147.13	860.50	1,757.97	369.09	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	713.37	569.99	1,283.36	1,757.97	1,443.03	3,201.00
FOREST							
* 3	ARISE HEALTH PLAN	880.72	219.18	1,099.90	2,193.11	532.45	2,725.56
* 3	SECURITY HEALTH PLAN - CENTRAL	880.72	220.98	1,101.70	2,193.11	536.95	2,730.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	880.72	402.64	1,283.36	2,193.11	1,007.89	3,201.00
	STATE MAINTENANCE PLAN (SMP) WPE	838.78	-	838.78	2,088.68	-	2,088.68
GRANT							
* 3	ARISE HEALTH PLAN	660.66	439.24	1,099.90	1,626.20	1,099.36	2,725.56
	DEAN HEALTH INSURANCE	660.66	108.64	769.30	1,626.20	272.86	1,899.06
	GUNDERSEN HEALTH PLAN	660.66	15.94	676.60	1,626.20	41.06	1,667.26
	HEALTH TRADITION HEALTH PLAN	660.66	27.04	687.70	1,626.20	68.86	1,695.06
	MEDICAL ASSOCIATES HEALTH PLANS	629.20	-	629.20	1,548.76	-	1,548.76
	PHYSICIANS PLUS	660.66	80.34	741.00	1,626.20	202.06	1,828.26
	UNITY HEALTH INSURANCE - COMMUNITY	660.66	18.74	679.40	1,626.20	48.06	1,674.26
3	IYC ACCESS HEALTH PLAN - DANE	660.66	525.72	1,186.38	1,626.20	1,332.38	2,958.58
GREEN							
	DEAN HEALTH INSURANCE	713.37	55.93	769.30	1,757.97	141.09	1,899.06
3	HUMANA - EASTERN	713.37	406.13	1,119.50	1,757.97	1,016.59	2,774.56
*	MERCYCARE HEALTH PLANS	713.37	1.83	715.20	1,757.97	5.79	1,763.76
	PHYSICIANS PLUS	713.37	27.63	741.00	1,757.97	70.29	1,828.26
	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	713.37	569.99	1,283.36	1,757.97	1,443.03	3,201.00

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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	734.60	-	734.60	1,812.26	-	1,812.26
3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
*	DEAN HEALTH INSURANCE	769.30	-	769.30	1,899.06	-	1,899.06
3	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
*	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
*	PHYSICIANS PLUS	741.00	-	741.00	1,828.26	-	1,828.26
3	SECURITY HEALTH PLAN - VALLEY	771.33	330.37	1,101.70	1,902.87	827.19	2,730.06
	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
	WEA TRUST - EAST	771.33	89.17	860.50	1,902.87	224.19	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00
IOWA							
	DEAN HEALTH INSURANCE	660.66	108.64	769.30	1,626.20	272.86	1,899.06
	MEDICAL ASSOCIATES HEALTH PLANS	629.20	-	629.20	1,548.76	-	1,548.76
	PHYSICIANS PLUS	660.66	80.34	741.00	1,626.20	202.06	1,828.26
	UNITY HEALTH INSURANCE - COMMUNITY	660.66	18.74	679.40	1,626.20	48.06	1,674.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	660.66	622.70	1,283.36	1,626.20	1,574.80	3,201.00
IRON							
*	GHC OF EAU CLAIRE	880.72	59.08	939.80	2,193.11	132.15	2,325.26
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	880.72	215.98	1,096.70	2,193.11	524.45	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	880.72	402.64	1,283.36	2,193.11	1,007.89	3,201.00
	STATE MAINTENANCE PLAN (SMP) WPE	838.78	-	838.78	2,088.68	-	2,088.68
JACKSON							
	GUNDERSEN HEALTH PLAN	676.60	-	676.60	1,667.26	-	1,667.26
	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,695.06	-	1,695.06
	HEALTHPARTNERS HEALTH PLAN	710.43	164.97	875.40	1,750.62	413.64	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	710.43	391.27	1,101.70	1,750.62	979.44	2,730.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	710.43	386.27	1,096.70	1,750.62	966.94	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	710.43	572.93	1,283.36	1,750.62	1,450.38	3,201.00
JEFFERSON							
* 3	ARISE HEALTH PLAN	713.37	386.53	1,099.90	1,757.97	967.59	2,725.56
	DEAN HEALTH INSURANCE	713.37	55.93	769.30	1,757.97	141.09	1,899.06
3	HUMANA - EASTERN	713.37	406.13	1,119.50	1,757.97	1,016.59	2,774.56
	MERCYCARE HEALTH PLANS	713.37	1.83	715.20	1,757.97	5.79	1,763.76
	PHYSICIANS PLUS	713.37	27.63	741.00	1,757.97	70.29	1,828.26
	UNITEDHEALTHCARE OF WISCONSIN	713.37	224.73	938.10	1,757.97	563.09	2,321.06
	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
	WEA TRUST - EAST	713.37	147.13	860.50	1,757.97	369.09	2,127.06
3	IYC ACCESS HEALTH PLAN - DANE	713.37	473.01	1,186.38	1,757.97	1,200.61	2,958.58

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Traditional; No Dental - P12

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	710.43	389.47	1,099.90	1,750.62	974.94	2,725.56
*	DEAN HEALTH INSURANCE	710.43	58.87	769.30	1,750.62	148.44	1,899.06
	GUNDERSEN HEALTH PLAN	676.60	-	676.60	1,667.26	-	1,667.26
	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,695.06	-	1,695.06
	PHYSICIANS PLUS	710.43	30.57	741.00	1,750.62	77.64	1,828.26
3	SECURITY HEALTH PLAN - CENTRAL	710.43	391.27	1,101.70	1,750.62	979.44	2,730.06
	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
	WEA TRUST - EAST	710.43	150.07	860.50	1,750.62	376.44	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	710.43	572.93	1,283.36	1,750.62	1,450.38	3,201.00
KENOSHA							
3	ARISE HEALTH PLAN	985.01	114.89	1,099.90	2,437.11	288.45	2,725.56
3	HUMANA - EASTERN	985.01	134.49	1,119.50	2,437.11	337.45	2,774.56
	UNITEDHEALTHCARE OF WISCONSIN	938.10	-	938.10	2,321.06	-	2,321.06
3	IYC ACCESS HEALTH PLAN - WAUKESHA	985.01	298.35	1,283.36	2,437.11	763.89	3,201.00
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	734.60	-	734.60	1,812.26	-	1,812.26
3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
*	DEAN HEALTH INSURANCE - PREVEA360	744.10	-	744.10	1,836.06	-	1,836.06
3 *	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
*	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
3 *	SECURITY HEALTH PLAN - VALLEY	771.33	330.37	1,101.70	1,902.87	827.19	2,730.06
	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
	WEA TRUST - EAST	771.33	89.17	860.50	1,902.87	224.19	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00
LACROSSE							
* 3	ARISE HEALTH PLAN	710.43	389.47	1,099.90	1,750.62	974.94	2,725.56
	GUNDERSEN HEALTH PLAN	676.60	-	676.60	1,667.26	-	1,667.26
	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,695.06	-	1,695.06
	HEALTHPARTNERS HEALTH PLAN	710.43	164.97	875.40	1,750.62	413.64	2,164.26
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	710.43	386.27	1,096.70	1,750.62	966.94	2,717.56
3	IYC ACCESS HEALTH PLAN - DANE	710.43	475.95	1,186.38	1,750.62	1,207.96	2,958.58
LAFAYETTE							
*	DEAN HEALTH INSURANCE	660.66	108.64	769.30	1,626.20	272.86	1,899.06
	MEDICAL ASSOCIATES HEALTH PLANS	629.20	-	629.20	1,548.76	-	1,548.76
	PHYSICIANS PLUS	660.66	80.34	741.00	1,626.20	202.06	1,828.26
*	UNITY HEALTH INSURANCE - COMMUNITY	660.66	18.74	679.40	1,626.20	48.06	1,674.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	660.66	622.70	1,283.36	1,626.20	1,574.80	3,201.00
LANGLADE							
3	ARISE HEALTH PLAN	986.79	113.11	1,099.90	2,441.52	284.04	2,725.56
	GHC OF EAU CLAIRE	939.80	-	939.80	2,325.26	-	2,325.26
*	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	986.79	114.91	1,101.70	2,441.52	288.54	2,730.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	986.79	296.57	1,283.36	2,441.52	759.48	3,201.00

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Traditional; No Dental - P12

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	919.17	180.73	1,099.90	2,272.47	453.09	2,725.56
	GHC OF EAU CLAIRE	919.17	20.63	939.80	2,272.47	52.79	2,325.26
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	919.17	182.53	1,101.70	2,272.47	457.59	2,730.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	919.17	364.19	1,283.36	2,272.47	928.53	3,201.00
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	734.60	-	734.60	1,812.26	-	1,812.26
3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
	DEAN HEALTH INSURANCE - PREVEA360	744.10	-	744.10	1,836.06	-	1,836.06
3	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
	WEA TRUST - EAST	771.33	89.17	860.50	1,902.87	224.19	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00
MARATHON							
3	ARISE HEALTH PLAN	903.53	196.37	1,099.90	2,233.41	492.15	2,725.56
	GHC OF EAU CLAIRE	903.53	36.27	939.80	2,233.41	91.85	2,325.26
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	903.53	198.17	1,101.70	2,233.41	496.65	2,730.06
	WEA TRUST - EAST	860.50	-	860.50	2,127.06	-	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	903.53	379.83	1,283.36	2,233.41	967.59	3,201.00
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	734.60	-	734.60	1,812.26	-	1,812.26
3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
*	DEAN HEALTH INSURANCE - PREVEA360	744.10	-	744.10	1,836.06	-	1,836.06
3	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
*	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00
MARQUETTE							
* 3	ARISE HEALTH PLAN	778.05	321.85	1,099.90	1,919.67	805.89	2,725.56
*	DEAN HEALTH INSURANCE	769.30	-	769.30	1,899.06	-	1,899.06
	PHYSICIANS PLUS	741.00	-	741.00	1,828.26	-	1,828.26
* 3	SECURITY HEALTH PLAN - VALLEY	778.05	323.65	1,101.70	1,919.67	810.39	2,730.06
*	UNITEDHEALTHCARE OF WISCONSIN	778.05	160.05	938.10	1,919.67	401.39	2,321.06
*	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
	WEA TRUST - EAST	778.05	82.45	860.50	1,919.67	207.39	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	778.05	505.31	1,283.36	1,919.67	1,281.33	3,201.00
MENOMINEE							
* 3	ARISE HEALTH PLAN	880.72	219.18	1,099.90	2,193.11	532.45	2,725.56
*	WEA TRUST - EAST	860.50	-	860.50	2,127.06	-	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	880.72	402.64	1,283.36	2,193.11	1,007.89	3,201.00
	STATE MAINTENANCE PLAN (SMP) WPE	838.78	-	838.78	2,088.68	-	2,088.68

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LCQP

IYC Local Traditional; No Dental - P12

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	817.95	281.95	1,099.90	2,019.42	706.14	2,725.56
3	HUMANA - EASTERN	817.95	301.55	1,119.50	2,019.42	755.14	2,774.56
	NETWORK HEALTH - SOUTHEAST	779.00	-	779.00	1,923.26	-	1,923.26
	UNITEDHEALTHCARE OF WISCONSIN	817.95	120.15	938.10	2,019.42	301.64	2,321.06
	WEA TRUST - EAST	817.95	42.55	860.50	2,019.42	107.64	2,127.06
3	IYC ACCESS HEALTH PLAN - MILWAUKEE	817.95	574.47	1,392.42	2,019.42	1,454.18	3,473.60
MONROE							
* 3	ARISE HEALTH PLAN	710.43	389.47	1,099.90	1,750.62	974.94	2,725.56
	GUNDERSEN HEALTH PLAN	676.60	-	676.60	1,667.26	-	1,667.26
	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,695.06	-	1,695.06
	HEALTHPARTNERS HEALTH PLAN	710.43	164.97	875.40	1,750.62	413.64	2,164.26
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	710.43	386.27	1,096.70	1,750.62	966.94	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	710.43	572.93	1,283.36	1,750.62	1,450.38	3,201.00
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	734.60	-	734.60	1,812.26	-	1,812.26
3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
	DEAN HEALTH INSURANCE - PREVEA360	744.10	-	744.10	1,836.06	-	1,836.06
3	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
3	SECURITY HEALTH PLAN - VALLEY	771.33	330.37	1,101.70	1,902.87	827.19	2,730.06
*	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
	WEA TRUST - EAST	771.33	89.17	860.50	1,902.87	224.19	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00
ONEIDA							
* 3	ARISE HEALTH PLAN	919.17	180.73	1,099.90	2,272.47	453.09	2,725.56
	GHC OF EAU CLAIRE	919.17	20.63	939.80	2,272.47	52.79	2,325.26
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	919.17	182.53	1,101.70	2,272.47	457.59	2,730.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	919.17	364.19	1,283.36	2,272.47	928.53	3,201.00
OUTAGAMIE							
	ANTHEM BLUE PREFERRED NORTHEAST	734.60	-	734.60	1,812.26	-	1,812.26
3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
*	DEAN HEALTH INSURANCE - PREVEA360	744.10	-	744.10	1,836.06	-	1,836.06
3	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
3	SECURITY HEALTH PLAN - VALLEY	771.33	330.37	1,101.70	1,902.87	827.19	2,730.06
	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
	WEA TRUST - EAST	771.33	89.17	860.50	1,902.87	224.19	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00

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LCQP

IYC Local Traditional; No Dental - P12

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	817.95	281.95	1,099.90	2,019.42	706.14	2,725.56
3	HUMANA - EASTERN	817.95	301.55	1,119.50	2,019.42	755.14	2,774.56
	NETWORK HEALTH - SOUTHEAST	779.00	-	779.00	1,923.26	-	1,923.26
	UNITEDHEALTHCARE OF WISCONSIN	817.95	120.15	938.10	2,019.42	301.64	2,321.06
	WEA TRUST - EAST	817.95	42.55	860.50	2,019.42	107.64	2,127.06
3	IYC ACCESS HEALTH PLAN - WAUKESHA	817.95	465.41	1,283.36	2,019.42	1,181.58	3,201.00
PEPIN							
*	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,695.06	-	1,695.06
*	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
* 3	HUMANA - WESTERN	880.72	410.98	1,291.70	2,193.11	1,011.95	3,205.06
* 3	SECURITY HEALTH PLAN - CENTRAL	880.72	220.98	1,101.70	2,193.11	536.95	2,730.06
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	880.72	215.98	1,096.70	2,193.11	524.45	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	880.72	402.64	1,283.36	2,193.11	1,007.89	3,201.00
	STATE MAINTENANCE PLAN (SMP) WPE	838.78	247.19	838.78	2,088.68	617.08	2,088.68
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3 *	HUMANA - WESTERN	919.17	372.53	1,291.70	2,272.47	932.59	3,205.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	919.17	177.53	1,096.70	2,272.47	445.09	2,717.56
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	919.17	177.53	1,096.70	2,272.47	445.09	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	919.17	364.19	1,283.36	2,272.47	928.53	3,201.00
POLK							
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	HUMANA - WESTERN	919.17	372.53	1,291.70	2,272.47	932.59	3,205.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	919.17	177.53	1,096.70	2,272.47	445.09	2,717.56
3	IYC ACCESS HEALTH PLAN - DANE	919.17	267.21	1,186.38	2,272.47	686.11	2,958.58
PORTAGE							
* 3	ARISE HEALTH PLAN	903.53	196.37	1,099.90	2,233.41	492.15	2,725.56
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
*	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
3	SECURITY HEALTH PLAN - CENTRAL	903.53	198.17	1,101.70	2,233.41	496.65	2,730.06
	WEA TRUST - EAST	860.50	-	860.50	2,127.06	-	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	903.53	379.83	1,283.36	2,233.41	967.59	3,201.00
PRICE							
* 3	ARISE HEALTH PLAN	986.79	113.11	1,099.90	2,441.52	284.04	2,725.56
	GHC OF EAU CLAIRE	939.80	-	939.80	2,325.26	-	2,325.26
*	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	986.79	114.91	1,101.70	2,441.52	288.54	2,730.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	986.79	296.57	1,283.36	2,441.52	759.48	3,201.00
RACINE							
3 *	ARISE HEALTH PLAN	817.95	281.95	1,099.90	2,019.42	706.14	2,725.56
3	HUMANA - EASTERN	817.95	301.55	1,119.50	2,019.42	755.14	2,774.56
	NETWORK HEALTH - SOUTHEAST	779.00	-	779.00	1,923.26	-	1,923.26
	UNITEDHEALTHCARE OF WISCONSIN	817.95	120.15	938.10	2,019.42	301.64	2,321.06
3	IYC ACCESS HEALTH PLAN - WAUKESHA	817.95	465.41	1,283.36	2,019.42	1,181.58	3,201.00

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LCQP

IYC Local Traditional; No Dental - P12

105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
RICHLAND							
	DEAN HEALTH INSURANCE	710.43	58.87	769.30	1,750.62	148.44	1,899.06
	GUNDERSEN HEALTH PLAN	676.60	-	676.60	1,667.26	-	1,667.26
	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,695.06	-	1,695.06
	PHYSICIANS PLUS	710.43	30.57	741.00	1,750.62	77.64	1,828.26
	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	710.43	572.93	1,283.36	1,750.62	1,450.38	3,201.00
ROCK							
	DEAN HEALTH INSURANCE	713.37	55.93	769.30	1,757.97	141.09	1,899.06
3	HUMANA - EASTERN	713.37	406.13	1,119.50	1,757.97	1,016.59	2,774.56
	MERCYCARE HEALTH PLANS	713.37	1.83	715.20	1,757.97	5.79	1,763.76
*	PHYSICIANS PLUS	713.37	27.63	741.00	1,757.97	70.29	1,828.26
	UNITEDHEALTHCARE OF WISCONSIN	713.37	224.73	938.10	1,757.97	563.09	2,321.06
	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
	WEA TRUST - EAST	713.37	147.13	860.50	1,757.97	369.09	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	713.37	569.99	1,283.36	1,757.97	1,443.03	3,201.00
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	880.72	220.98	1,101.70	2,193.11	536.95	2,730.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	880.72	215.98	1,096.70	2,193.11	524.45	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	880.72	402.64	1,283.36	2,193.11	1,007.89	3,201.00
	STATE MAINTENANCE PLAN (SMP) WPE	838.78	-	838.78	2,088.68	-	2,088.68
SAUK							
	DEAN HEALTH INSURANCE	710.43	58.87	769.30	1,750.62	148.44	1,899.06
	GHC OF SOUTH CENTRAL WISCONSIN	676.70	-	676.70	1,667.56	-	1,667.56
	GUNDERSEN HEALTH PLAN	676.60	-	676.60	1,667.26	-	1,667.26
	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,695.06	-	1,695.06
	PHYSICIANS PLUS	710.43	30.57	741.00	1,750.62	77.64	1,828.26
	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	710.43	572.93	1,283.36	1,750.62	1,450.38	3,201.00
SAWYER							
	GHC OF EAU CLAIRE	919.17	20.63	939.80	2,272.47	52.79	2,325.26
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	919.17	182.53	1,101.70	2,272.47	457.59	2,730.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	919.17	364.19	1,283.36	2,272.47	928.53	3,201.00
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	734.60	-	734.60	1,812.26	-	1,812.26
3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
3	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
*	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
* 3	SECURITY HEALTH PLAN - CENTRAL	771.33	330.37	1,101.70	1,902.87	827.19	2,730.06
3	SECURITY HEALTH PLAN - VALLEY	771.33	330.37	1,101.70	1,902.87	827.19	2,730.06
	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
	WEA TRUST - EAST	771.33	89.17	860.50	1,902.87	224.19	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Traditional; No Dental - P12

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	734.60	-	734.60	1,812.26	-	1,812.26
3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
	DEAN HEALTH INSURANCE - PREVEA360	744.10	-	744.10	1,836.06	-	1,836.06
3	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
	WEA TRUST - EAST	771.33	89.17	860.50	1,902.87	224.19	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	HUMANA - WESTERN	919.17	372.53	1,291.70	2,272.47	932.59	3,205.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	919.17	177.53	1,096.70	2,272.47	445.09	2,717.56
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	919.17	177.53	1,096.70	2,272.47	445.09	2,717.56
3	IYC ACCESS HEALTH PLAN - DANE	919.17	267.21	1,186.38	2,272.47	686.11	2,958.58
TAYLOR							
3	ARISE HEALTH PLAN	986.79	113.11	1,099.90	2,441.52	284.04	2,725.56
	GHC OF EAU CLAIRE	939.80	-	939.80	2,325.26	-	2,325.26
*	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	986.79	114.91	1,101.70	2,441.52	288.54	2,730.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	986.79	296.57	1,283.36	2,441.52	759.48	3,201.00
TREMPEALEAU							
3	ARISE HEALTH PLAN	710.43	389.47	1,099.90	1,750.62	974.94	2,725.56
	GUNDERSEN HEALTH PLAN	676.60	-	676.60	1,667.26	-	1,667.26
	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,695.06	-	1,695.06
*	HEALTHPARTNERS HEALTH PLAN	710.43	164.97	875.40	1,750.62	413.64	2,164.26
3 *	SECURITY HEALTH PLAN - CENTRAL	710.43	391.27	1,101.70	1,750.62	979.44	2,730.06
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	710.43	386.27	1,096.70	1,750.62	966.94	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	710.43	572.93	1,283.36	1,750.62	1,450.38	3,201.00
VERNON							
* 3	ARISE HEALTH PLAN	710.43	389.47	1,099.90	1,750.62	974.94	2,725.56
*	DEAN HEALTH INSURANCE	710.43	58.87	769.30	1,750.62	148.44	1,899.06
	GUNDERSEN HEALTH PLAN	676.60	-	676.60	1,667.26	-	1,667.26
	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,695.06	-	1,695.06
*	PHYSICIANS PLUS	710.43	30.57	741.00	1,750.62	77.64	1,828.26
	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	710.43	386.27	1,096.70	1,750.62	966.94	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	710.43	572.93	1,283.36	1,750.62	1,450.38	3,201.00
VILAS							
* 3	ARISE HEALTH PLAN	880.72	219.18	1,099.90	2,193.11	532.45	2,725.56
*	GHC OF EAU CLAIRE	880.72	59.08	939.80	2,193.11	132.15	2,325.26
*	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	880.72	220.98	1,101.70	2,193.11	536.95	2,730.06
3 *	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	880.72	402.64	1,283.36	2,193.11	1,007.89	3,201.00
	STATE MAINTENANCE PLAN (SMP) WPE	838.78	-	838.78	2,088.68	-	2,088.68

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Traditional; No Dental - P12

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	713.37	386.53	1,099.90	1,757.97	967.59	2,725.56
*	DEAN HEALTH INSURANCE	713.37	55.93	769.30	1,757.97	141.09	1,899.06
3	HUMANA - EASTERN	713.37	406.13	1,119.50	1,757.97	1,016.59	2,774.56
	MERCYCARE HEALTH PLANS	713.37	1.83	715.20	1,757.97	5.79	1,763.76
*	PHYSICIANS PLUS	713.37	27.63	741.00	1,757.97	70.29	1,828.26
	UNITEDHEALTHCARE OF WISCONSIN	713.37	224.73	938.10	1,757.97	563.09	2,321.06
	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
	WEA TRUST - EAST	713.37	147.13	860.50	1,757.97	369.09	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	713.37	569.99	1,283.36	1,757.97	1,443.03	3,201.00
WASHBURN							
	GHC OF EAU CLAIRE	919.17	20.63	939.80	2,272.47	52.79	2,325.26
	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
3	SECURITY HEALTH PLAN - CENTRAL	919.17	182.53	1,101.70	2,272.47	457.59	2,730.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	919.17	177.53	1,096.70	2,272.47	445.09	2,717.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	919.17	364.19	1,283.36	2,272.47	928.53	3,201.00
WASHINGTON							
3	ARISE HEALTH PLAN	817.95	281.95	1,099.90	2,019.42	706.14	2,725.56
3	HUMANA - EASTERN	817.95	301.55	1,119.50	2,019.42	755.14	2,774.56
	NETWORK HEALTH - SOUTHEAST	779.00	-	779.00	1,923.26	-	1,923.26
	UNITEDHEALTHCARE OF WISCONSIN	817.95	120.15	938.10	2,019.42	301.64	2,321.06
	WEA TRUST - EAST	817.95	42.55	860.50	2,019.42	107.64	2,127.06
3	IYC ACCESS HEALTH PLAN - WAUKESHA	817.95	465.41	1,283.36	2,019.42	1,181.58	3,201.00
WAUKESHA							
3	ARISE HEALTH PLAN	713.37	386.53	1,099.90	1,757.97	967.59	2,725.56
	DEAN HEALTH INSURANCE	713.37	55.93	769.30	1,757.97	141.09	1,899.06
3	HUMANA - EASTERN	713.37	406.13	1,119.50	1,757.97	1,016.59	2,774.56
	NETWORK HEALTH - SOUTHEAST	713.37	65.63	779.00	1,757.97	165.29	1,923.26
*	PHYSICIANS PLUS	713.37	27.63	741.00	1,757.97	70.29	1,828.26
	UNITEDHEALTHCARE OF WISCONSIN	713.37	224.73	938.10	1,757.97	563.09	2,321.06
	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
	WEA TRUST - EAST	713.37	147.13	860.50	1,757.97	369.09	2,127.06
3	IYC ACCESS HEALTH PLAN - WAUKESHA	713.37	569.99	1,283.36	1,757.97	1,443.03	3,201.00
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	734.60	-	734.60	1,812.26	-	1,812.26
3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
3	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
*	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
3 *	SECURITY HEALTH PLAN - CENTRAL	771.33	330.37	1,101.70	1,902.87	827.19	2,730.06
3	SECURITY HEALTH PLAN - VALLEY	771.33	330.37	1,101.70	1,902.87	827.19	2,730.06
	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
	WEA TRUST - EAST	771.33	89.17	860.50	1,902.87	224.19	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Traditional; No Dental - P12

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	734.60	-	734.60	1,812.26	-	1,812.26
3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
3	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
*	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
	PHYSICIANS PLUS	741.00	-	741.00	1,828.26	-	1,828.26
3	SECURITY HEALTH PLAN - VALLEY	771.33	330.37	1,101.70	1,902.87	827.19	2,730.06
	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
	WEA TRUST - EAST	771.33	89.17	860.50	1,902.87	224.19	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	734.60	-	734.60	1,812.26	-	1,812.26
3	ARISE HEALTH PLAN	771.33	328.57	1,099.90	1,902.87	822.69	2,725.56
3	HUMANA - EASTERN	771.33	348.17	1,119.50	1,902.87	871.69	2,774.56
	NETWORK HEALTH - NORTHEAST	767.10	-	767.10	1,893.56	-	1,893.56
* 3	SECURITY HEALTH PLAN - VALLEY	771.33	330.37	1,101.70	1,902.87	827.19	2,730.06
	UNITEDHEALTHCARE OF WISCONSIN	771.33	166.77	938.10	1,902.87	418.19	2,321.06
	WEA TRUST - EAST	771.33	89.17	860.50	1,902.87	224.19	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	771.33	512.03	1,283.36	1,902.87	1,298.13	3,201.00
WOOD							
3	ARISE HEALTH PLAN	903.53	196.37	1,099.90	2,233.41	492.15	2,725.56
*	HEALTHPARTNERS HEALTH PLAN	875.40	-	875.40	2,164.26	-	2,164.26
*	PHYSICIANS PLUS	741.00	-	741.00	1,828.26	-	1,828.26
3	SECURITY HEALTH PLAN - CENTRAL	903.53	198.17	1,101.70	2,233.41	496.65	2,730.06
*	UNITY HEALTH INSURANCE - COMMUNITY	679.40	-	679.40	1,674.26	-	1,674.26
	WEA TRUST - EAST	860.50	-	860.50	2,127.06	-	2,127.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	903.53	379.83	1,283.36	2,233.41	967.59	3,201.00