2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

IYC Local Deductible; No Dental - P14

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	666.54	50.96	717.50	1,640.90	128.66	1,769.56
	PHYSICIANS PLUS	666.54	24.96	691.50	1,640.90	63.66	1,704.56
3	SECURITY HEALTH PLAN - CENTRAL	666.54	356.86	1,023.40	1,640.90	893.36	2,534.26
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	666.54	134.96	801.50	1,640.90	338.66	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	666.54	543.72	1,210.26	1,640.90	1,377.42	3,018.32
ASHLAND							
	GHC OF EAU CLAIRE	855.96	18.44	874.40	2,114.45	47.31	2,161.76
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	855.96	167.44	1,023.40	2,114.45	419.81	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	855.96	162.84	1,018.80	2,114.45	408.31	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	855.96	354.30	1,210.26	2,114.45	903.87	3,018.32
BARRON							
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	HUMANA - WESTERN	855.96	342.24	1,198.20	2,114.45	856.81	2,971.26
3	SECURITY HEALTH PLAN - CENTRAL	855.96	167.44	1,023.40	2,114.45	419.81	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	855.96	162.84	1,018.80	2,114.45	408.31	2,522.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	855.96	162.84	1,018.80	2,114.45	408.31	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	855.96	354.30	1,210.26	2,114.45	903.87	3,018.32
BAYFIELD							
*	GHC OF EAU CLAIRE	829.86	44.54	874.40	2,065.96	95.80	2,161.76
*	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
* 3	SECURITY HEALTH PLAN - CENTRAL	829.86	193.54	1,023.40	2,065.96	468.30	2,534.26
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	829.86	188.94	1,018.80	2,065.96	456.80	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	829.86	380.40	1,210.26	2,065.96	952.36	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	790.34	-	790.34	1,967.58	-	1,967.58
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
	DEAN HEALTH INSURANCE - PREVEA360	694.40	-	694.40	1,711.76	-	1,711.76
3	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
3	SECURITY HEALTH PLAN - VALLEY	719.88	303.52	1,023.40	1,774.25	760.01	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
	WEA TRUST - EAST	719.88	81.62	801.50	1,774.25	205.31	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	642.50	-	642.50	1,582.06	-	1,582.06
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	829.86	188.94	1,018.80	2,065.96	456.80	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	829.86	380.40	1,210.26	2,065.96	952.36	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	790.34	-	790.34	1,967.58	-	1,967.58

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible; No Dental - P14

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	855.96	18.44	874.40	2,114.45	47.31	2,161.76
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	855.96	167.44	1,023.40	2,114.45	419.81	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	855.96	354.30	1,210.26	2,114.45	903.87	3,018.32
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
* 3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
3	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
*	WEA TRUST - EAST	719.88	81.62	801.50	1,774.25	205.31	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTHPARTNERS HEALTH PLAN	663.92	151.28	815.20	1,634.39	379.37	2,013.76
3	HUMANA - WESTERN	663.92	534.28	1,198.20	1,634.39	1,336.87	2,971.26
3	SECURITY HEALTH PLAN - CENTRAL	663.92	359.48	1,023.40	1,634.39	899.87	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	663.92	354.88	1,018.80	1,634.39	888.37	2,522.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	663.92	354.88	1,018.80	1,634.39	888.37	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	663.92	546.34	1,210.26	1,634.39	1,383.93	3,018.32
CLARK							
* 3	ARISE HEALTH PLAN	855.96	165.74	1,021.70	2,114.45	415.61	2,530.06
	GHC OF EAU CLAIRE	855.96	18.44	874.40	2,114.45	47.31	2,161.76
*	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	855.96	167.44	1,023.40	2,114.45	419.81	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	855.96	162.84	1,018.80	2,114.45	408.31	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	855.96	354.30	1,210.26	2,114.45	903.87	3,018.32
COLUMBIA							
3	ARISE HEALTH PLAN	664.02	357.68	1,021.70	1,634.60	895.46	2,530.06
	DEAN HEALTH INSURANCE	664.02	53.48	717.50	1,634.60	134.96	1,769.56
	GHC OF SOUTH CENTRAL WISCONSIN	632.40	-	632.40	1,556.76	-	1,556.76
	PHYSICIANS PLUS	664.02	27.48	691.50	1,634.60	69.96	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	664.02	137.48	801.50	1,634.60	344.96	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	664.02	546.24	1,210.26	1,634.60	1,383.72	3,018.32
CRAWFORD							
* 3	ARISE HEALTH PLAN	618.14	403.56	1,021.70	1,519.94	1,010.12	2,530.06
	GUNDERSEN HEALTH PLAN	618.14	14.16	632.30	1,519.94	36.62	1,556.56
	HEALTH TRADITION HEALTH PLAN	618.14	24.36	642.50	1,519.94	62.12	1,582.06
	HEALTHPARTNERS HEALTH PLAN	618.14	197.06	815.20	1,519.94	493.82	2,013.76
	MEDICAL ASSOCIATES HEALTH PLANS	588.70	-	588.70	1,447.56	-	1,447.56
*	UNITY HEALTH INSURANCE - COMMUNITY	618.14	16.66	634.80	1,519.94	42.82	1,562.76
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	618.14	400.66	1,018.80	1,519.94	1,002.82	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	618.14	592.12	1,210.26	1,519.94	1,498.38	3,018.32

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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	597.56	119.94	717.50	1,468.49	301.07	1,769.56
	GHC OF SOUTH CENTRAL WISCONSIN	597.56	34.84	632.40	1,468.49	88.27	1,556.76
	PHYSICIANS PLUS	597.56	93.94	691.50	1,468.49	236.07	1,704.56
	UNITY HEALTH INSURANCE - UW HEALTH	569.10	-	569.10	1,398.56	-	1,398.56
3	IYC ACCESS HEALTH PLAN - DANE	597.56	523.44	1,121.00	1,468.49	1,326.63	2,795.12
DODGE							
3	ARISE HEALTH PLAN	666.54	355.16	1,021.70	1,640.90	889.16	2,530.06
	DEAN HEALTH INSURANCE	666.54	50.96	717.50	1,640.90	128.66	1,769.56
3	HUMANA - EASTERN	666.54	373.16	1,039.70	1,640.90	934.16	2,575.06
	NETWORK HEALTH - NORTHEAST	666.54	48.96	715.50	1,640.90	123.66	1,764.56
	PHYSICIANS PLUS	666.54	24.96	691.50	1,640.90	63.66	1,704.56
	UNITEDHEALTHCARE OF WISCONSIN	666.54	206.26	872.80	1,640.90	516.86	2,157.76
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	666.54	134.96	801.50	1,640.90	338.66	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	666.54	543.72	1,210.26	1,640.90	1,377.42	3,018.32
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
*	DEAN HEALTH INSURANCE - PREVEA360	694.40	-	694.40	1,711.76	-	1,711.76
3	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
	WEA TRUST - EAST	719.88	81.62	801.50	1,774.25	205.31	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32
DOUGLAS							
	GHC OF EAU CLAIRE	855.96	18.44	874.40	2,114.45	47.31	2,161.76
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	HUMANA - WESTERN	855.96	342.24	1,198.20	2,114.45	856.81	2,971.26
3	SECURITY HEALTH PLAN - CENTRAL	855.96	167.44	1,023.40	2,114.45	419.81	2,534.26
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	855.96	162.84	1,018.80	2,114.45	408.31	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	855.96	354.30	1,210.26	2,114.45	903.87	3,018.32
DUNN							
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	HUMANA - WESTERN	855.96	342.24	1,198.20	2,114.45	856.81	2,971.26
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	855.96	162.84	1,018.80	2,114.45	408.31	2,522.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	855.96	162.84	1,018.80	2,114.45	408.31	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	855.96	354.30	1,210.26	2,114.45	903.87	3,018.32

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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	663.92	357.78	1,021.70	1,634.39	895.67	2,530.06
	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTHPARTNERS HEALTH PLAN	663.92	151.28	815.20	1,634.39	379.37	2,013.76
3	HUMANA - WESTERN	663.92	534.28	1,198.20	1,634.39	1,336.87	2,971.26
3	SECURITY HEALTH PLAN - CENTRAL	663.92	359.48	1,023.40	1,634.39	899.87	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	663.92	354.88	1,018.80	1,634.39	888.37	2,522.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	663.92	354.88	1,018.80	1,634.39	888.37	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	663.92	546.34	1,210.26	1,634.39	1,383.93	3,018.32
FLORENCE							
* 3	ARISE HEALTH PLAN	829.86	191.84	1,021.70	2,065.96	464.10	2,530.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	829.86	380.40	1,210.26	2,065.96	952.36	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	790.34	-	790.34	1,967.58	-	1,967.58
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	666.54	19.06	685.60	1,640.90	48.86	1,689.76
3	ARISE HEALTH PLAN	666.54	355.16	1,021.70	1,640.90	889.16	2,530.06
	DEAN HEALTH INSURANCE	666.54	50.96	717.50	1,640.90	128.66	1,769.56
3	HUMANA - EASTERN	666.54	373.16	1,039.70	1,640.90	934.16	2,575.06
	NETWORK HEALTH - NORTHEAST	666.54	48.96	715.50	1,640.90	123.66	1,764.56
	UNITEDHEALTHCARE OF WISCONSIN	666.54	206.26	872.80	1,640.90	516.86	2,157.76
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	666.54	134.96	801.50	1,640.90	338.66	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	666.54	543.72	1,210.26	1,640.90	1,377.42	3,018.32
FOREST							
* 3	ARISE HEALTH PLAN	829.86	191.84	1,021.70	2,065.96	464.10	2,530.06
* 3	SECURITY HEALTH PLAN - CENTRAL	829.86	193.54	1,023.40	2,065.96	468.30	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	829.86	380.40	1,210.26	2,065.96	952.36	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	790.34	-	790.34	1,967.58	-	1,967.58
GRANT							
* 3	ARISE HEALTH PLAN	618.14	403.56	1,021.70	1,519.94	1,010.12	2,530.06
	DEAN HEALTH INSURANCE	618.14	99.36	717.50	1,519.94	249.62	1,769.56
	GUNDERSEN HEALTH PLAN	618.14	14.16	632.30	1,519.94	36.62	1,556.56
	HEALTH TRADITION HEALTH PLAN	618.14	24.36	642.50	1,519.94	62.12	1,582.06
	MEDICAL ASSOCIATES HEALTH PLANS	588.70	-	588.70	1,447.56	-	1,447.56
	PHYSICIANS PLUS	618.14	73.36	691.50	1,519.94	184.62	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	618.14	16.66	634.80	1,519.94	42.82	1,562.76
3	IYC ACCESS HEALTH PLAN - DANE	618.14	502.86	1,121.00	1,519.94	1,275.18	2,795.12
GREEN							
	DEAN HEALTH INSURANCE	666.54	50.96	717.50	1,640.90	128.66	1,769.56
3	HUMANA - EASTERN	666.54	373.16	1,039.70	1,640.90	934.16	2,575.06
*	MERCYCARE HEALTH PLANS	666.54	1.26	667.80	1,640.90	4.36	1,645.26
	PHYSICIANS PLUS	666.54	24.96	691.50	1,640.90	63.66	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	666.54	543.72	1,210.26	1,640.90	1,377.42	3,018.32

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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	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
*	DEAN HEALTH INSURANCE	717.50	-	717.50	1,769.56	-	1,769.56
3	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
*	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
*	PHYSICIANS PLUS	691.50	-	691.50	1,704.56	-	1,704.56
3	SECURITY HEALTH PLAN - VALLEY	719.88	303.52	1,023.40	1,774.25	760.01	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
	WEA TRUST - EAST	719.88	81.62	801.50	1,774.25	205.31	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32
IOWA							
	DEAN HEALTH INSURANCE	618.14	99.36	717.50	1,519.94	249.62	1,769.56
	MEDICAL ASSOCIATES HEALTH PLANS	588.70	-	588.70	1,447.56	-	1,447.56
	PHYSICIANS PLUS	618.14	73.36	691.50	1,519.94	184.62	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	618.14	16.66	634.80	1,519.94	42.82	1,562.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	618.14	592.12	1,210.26	1,519.94	1,498.38	3,018.32
IRON							
*	GHC OF EAU CLAIRE	829.86	44.54	874.40	2,065.96	95.80	2,161.76
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	829.86	188.94	1,018.80	2,065.96	456.80	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	829.86	380.40	1,210.26	2,065.96	952.36	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	790.34	-	790.34	1,967.58	-	1,967.58
JACKSON							
	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTH TRADITION HEALTH PLAN	642.50	-	642.50	1,582.06	-	1,582.06
	HEALTHPARTNERS HEALTH PLAN	663.92	151.28	815.20	1,634.39	379.37	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	663.92	359.48	1,023.40	1,634.39	899.87	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	663.92	354.88	1,018.80	1,634.39	888.37	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	663.92	546.34	1,210.26	1,634.39	1,383.93	3,018.32
JEFFERSON							
* 3	ARISE HEALTH PLAN	666.54	355.16	1,021.70	1,640.90	889.16	2,530.06
	DEAN HEALTH INSURANCE	666.54	50.96	717.50	1,640.90	128.66	1,769.56
3	HUMANA - EASTERN	666.54	373.16	1,039.70	1,640.90	934.16	2,575.06
	MERCYCARE HEALTH PLANS	666.54	1.26	667.80	1,640.90	4.36	1,645.26
	PHYSICIANS PLUS	666.54	24.96	691.50	1,640.90	63.66	1,704.56
	UNITEDHEALTHCARE OF WISCONSIN	666.54	206.26	872.80	1,640.90	516.86	2,157.76
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	666.54	134.96	801.50	1,640.90	338.66	1,979.56
3	IYC ACCESS HEALTH PLAN - DANE	666.54	454.46	1,121.00	1,640.90	1,154.22	2,795.12

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

IYC Local Deductible; No Dental - P14

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	663.92	357.78	1,021.70	1,634.39	895.67	2,530.06
*	DEAN HEALTH INSURANCE	663.92	53.58	717.50	1,634.39	135.17	1,769.56
	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTH TRADITION HEALTH PLAN	642.50	-	642.50	1,582.06	-	1,582.06
	PHYSICIANS PLUS	663.92	27.58	691.50	1,634.39	70.17	1,704.56
3	SECURITY HEALTH PLAN - CENTRAL	663.92	359.48	1,023.40	1,634.39	899.87	2,534.26
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	663.92	137.58	801.50	1,634.39	345.17	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	663.92	546.34	1,210.26	1,634.39	1,383.93	3,018.32
KENOSHA							
3	ARISE HEALTH PLAN	916.44	105.26	1,021.70	2,265.65	264.41	2,530.06
3	HUMANA - EASTERN	916.44	123.26	1,039.70	2,265.65	309.41	2,575.06
	UNITEDHEALTHCARE OF WISCONSIN	872.80	-	872.80	2,157.76	-	2,157.76
3	IYC ACCESS HEALTH PLAN - WAUKESHA	916.44	293.82	1,210.26	2,265.65	752.67	3,018.32
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
*	DEAN HEALTH INSURANCE - PREVEA360	694.40	-	694.40	1,711.76	-	1,711.76
3 *	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
*	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
3 *	SECURITY HEALTH PLAN - VALLEY	719.88	303.52	1,023.40	1,774.25	760.01	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
	WEA TRUST - EAST	719.88	81.62	801.50	1,774.25	205.31	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32
LACROSSE							
* 3	ARISE HEALTH PLAN	663.92	357.78	1,021.70	1,634.39	895.67	2,530.06
	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTH TRADITION HEALTH PLAN	642.50	-	642.50	1,582.06	-	1,582.06
	HEALTHPARTNERS HEALTH PLAN	663.92	151.28	815.20	1,634.39	379.37	2,013.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	663.92	354.88	1,018.80	1,634.39	888.37	2,522.76
3	IYC ACCESS HEALTH PLAN - DANE	663.92	457.08	1,121.00	1,634.39	1,160.73	2,795.12
LAFAYETTE							
*	DEAN HEALTH INSURANCE	618.14	99.36	717.50	1,519.94	249.62	1,769.56
	MEDICAL ASSOCIATES HEALTH PLANS	588.70	-	588.70	1,447.56	-	1,447.56
	PHYSICIANS PLUS	618.14	73.36	691.50	1,519.94	184.62	1,704.56
*	UNITY HEALTH INSURANCE - COMMUNITY	618.14	16.66	634.80	1,519.94	42.82	1,562.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	618.14	592.12	1,210.26	1,519.94	1,498.38	3,018.32
LANGLADE							
3	ARISE HEALTH PLAN	918.12	103.58	1,021.70	2,269.85	260.21	2,530.06
	GHC OF EAU CLAIRE	874.40	-	874.40	2,161.76	-	2,161.76
*	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	918.12	105.28	1,023.40	2,269.85	264.41	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	918.12	292.14	1,210.26	2,269.85	748.47	3,018.32

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

IYC Local Deductible; No Dental - P14

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	855.96	165.74	1,021.70	2,114.45	415.61	2,530.06
	GHC OF EAU CLAIRE	855.96	18.44	874.40	2,114.45	47.31	2,161.76
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	855.96	167.44	1,023.40	2,114.45	419.81	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	855.96	354.30	1,210.26	2,114.45	903.87	3,018.32
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
	DEAN HEALTH INSURANCE - PREVEA360	694.40	-	694.40	1,711.76	-	1,711.76
3	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
	WEA TRUST - EAST	719.88	81.62	801.50	1,774.25	205.31	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32
MARATHON							
3	ARISE HEALTH PLAN	841.58	180.12	1,021.70	2,078.54	451.52	2,530.06
	GHC OF EAU CLAIRE	841.58	32.82	874.40	2,078.54	83.22	2,161.76
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	841.58	181.82	1,023.40	2,078.54	455.72	2,534.26
	WEA TRUST - EAST	801.50	-	801.50	1,979.56	-	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	841.58	368.68	1,210.26	2,078.54	939.78	3,018.32
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
*	DEAN HEALTH INSURANCE - PREVEA360	694.40	-	694.40	1,711.76	-	1,711.76
3	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
*	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32
MARQUETTE							
* 3	ARISE HEALTH PLAN	726.08	295.62	1,021.70	1,789.79	740.27	2,530.06
*	DEAN HEALTH INSURANCE	717.50	-	717.50	1,769.56	-	1,769.56
	PHYSICIANS PLUS	691.50	-	691.50	1,704.56	-	1,704.56
* 3	SECURITY HEALTH PLAN - VALLEY	726.08	297.32	1,023.40	1,789.79	744.47	2,534.26
*	UNITEDHEALTHCARE OF WISCONSIN	726.08	146.72	872.80	1,789.79	367.97	2,157.76
*	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	726.08	75.42	801.50	1,789.79	189.77	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	726.08	484.18	1,210.26	1,789.79	1,228.53	3,018.32
MENOMINEE							
* 3	ARISE HEALTH PLAN	829.86	191.84	1,021.70	2,065.96	464.10	2,530.06
*	WEA TRUST - EAST	801.50	-	801.50	1,979.56	-	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	829.86	380.40	1,210.26	2,065.96	952.36	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	790.34	-	790.34	1,967.58	-	1,967.58

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible; No Dental - P14

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	762.83	258.87	1,021.70	1,881.66	648.40	2,530.06
3	HUMANA - EASTERN	762.83	276.87	1,039.70	1,881.66	693.40	2,575.06
	NETWORK HEALTH - SOUTHEAST	726.50	-	726.50	1,792.06	-	1,792.06
	UNITEDHEALTHCARE OF WISCONSIN	762.83	109.97	872.80	1,881.66	276.10	2,157.76
	WEA TRUST - EAST	762.83	38.67	801.50	1,881.66	97.90	1,979.56
3	IYC ACCESS HEALTH PLAN - MILWAUKEE	762.83	547.69	1,310.52	1,881.66	1,387.20	3,268.86
MONROE							
* 3	ARISE HEALTH PLAN	663.92	357.78	1,021.70	1,634.39	895.67	2,530.06
	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTH TRADITION HEALTH PLAN	642.50	-	642.50	1,582.06	-	1,582.06
	HEALTHPARTNERS HEALTH PLAN	663.92	151.28	815.20	1,634.39	379.37	2,013.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	663.92	354.88	1,018.80	1,634.39	888.37	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	663.92	546.34	1,210.26	1,634.39	1,383.93	3,018.32
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
	DEAN HEALTH INSURANCE - PREVEA360	694.40	-	694.40	1,711.76	-	1,711.76
3	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
3	SECURITY HEALTH PLAN - VALLEY	719.88	303.52	1,023.40	1,774.25	760.01	2,534.26
*	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
	WEA TRUST - EAST	719.88	81.62	801.50	1,774.25	205.31	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32
ONEIDA							
* 3	ARISE HEALTH PLAN	855.96	165.74	1,021.70	2,114.45	415.61	2,530.06
	GHC OF EAU CLAIRE	855.96	18.44	874.40	2,114.45	47.31	2,161.76
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	855.96	167.44	1,023.40	2,114.45	419.81	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	855.96	354.30	1,210.26	2,114.45	903.87	3,018.32
OUTAGAMIE							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
*	DEAN HEALTH INSURANCE - PREVEA360	694.40	-	694.40	1,711.76	-	1,711.76
3	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
3	SECURITY HEALTH PLAN - VALLEY	719.88	303.52	1,023.40	1,774.25	760.01	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
	WEA TRUST - EAST	719.88	81.62	801.50	1,774.25	205.31	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible; No Dental - P14

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	762.83	258.87	1,021.70	1,881.66	648.40	2,530.06
3	HUMANA - EASTERN	762.83	276.87	1,039.70	1,881.66	693.40	2,575.06
	NETWORK HEALTH - SOUTHEAST	726.50	-	726.50	1,792.06	-	1,792.06
	UNITEDHEALTHCARE OF WISCONSIN	762.83	109.97	872.80	1,881.66	276.10	2,157.76
	WEA TRUST - EAST	762.83	38.67	801.50	1,881.66	97.90	1,979.56
3	IYC ACCESS HEALTH PLAN - WAUKESHA	762.83	447.43	1,210.26	1,881.66	1,136.66	3,018.32
PEPIN							
*	HEALTH TRADITION HEALTH PLAN	642.50	-	642.50	1,582.06	-	1,582.06
*	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
* 3	HUMANA - WESTERN	829.86	368.34	1,198.20	2,065.96	905.30	2,971.26
* 3	SECURITY HEALTH PLAN - CENTRAL	829.86	193.54	1,023.40	2,065.96	468.30	2,534.26
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	829.86	188.94	1,018.80	2,065.96	456.80	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	829.86	380.40	1,210.26	2,065.96	952.36	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	790.34	247.19	790.34	1,967.58	617.08	1,967.58
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3 *	HUMANA - WESTERN	855.96	342.24	1,198.20	2,114.45	856.81	2,971.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	855.96	162.84	1,018.80	2,114.45	408.31	2,522.76
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	855.96	162.84	1,018.80	2,114.45	408.31	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	855.96	354.30	1,210.26	2,114.45	903.87	3,018.32
POLK							
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	HUMANA - WESTERN	855.96	342.24	1,198.20	2,114.45	856.81	2,971.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	855.96	162.84	1,018.80	2,114.45	408.31	2,522.76
3	IYC ACCESS HEALTH PLAN - DANE	855.96	265.04	1,121.00	2,114.45	680.67	2,795.12
PORTAGE							
* 3	ARISE HEALTH PLAN	841.58	180.12	1,021.70	2,078.54	451.52	2,530.06
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
*	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
3	SECURITY HEALTH PLAN - CENTRAL	841.58	181.82	1,023.40	2,078.54	455.72	2,534.26
	WEA TRUST - EAST	801.50	-	801.50	1,979.56	-	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	841.58	368.68	1,210.26	2,078.54	939.78	3,018.32
PRICE							
* 3	ARISE HEALTH PLAN	918.12	103.58	1,021.70	2,269.85	260.21	2,530.06
	GHC OF EAU CLAIRE	874.40	-	874.40	2,161.76	-	2,161.76
*	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	918.12	105.28	1,023.40	2,269.85	264.41	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	918.12	292.14	1,210.26	2,269.85	748.47	3,018.32
RACINE							
3 *	ARISE HEALTH PLAN	762.83	258.87	1,021.70	1,881.66	648.40	2,530.06
3	HUMANA - EASTERN	762.83	276.87	1,039.70	1,881.66	693.40	2,575.06
	NETWORK HEALTH - SOUTHEAST	726.50	-	726.50	1,792.06	-	1,792.06
	UNITEDHEALTHCARE OF WISCONSIN	762.83	109.97	872.80	1,881.66	276.10	2,157.76
3	IYC ACCESS HEALTH PLAN - WAUKESHA	762.83	447.43	1,210.26	1,881.66	1,136.66	3,018.32

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IYC Local Deductible; No Dental - P14

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	663.92	53.58	717.50	1,634.39	135.17	1,769.56
	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTH TRADITION HEALTH PLAN	642.50	-	642.50	1,582.06	-	1,582.06
	PHYSICIANS PLUS	663.92	27.58	691.50	1,634.39	70.17	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	663.92	546.34	1,210.26	1,634.39	1,383.93	3,018.32
ROCK							
	DEAN HEALTH INSURANCE	666.54	50.96	717.50	1,640.90	128.66	1,769.56
3	HUMANA - EASTERN	666.54	373.16	1,039.70	1,640.90	934.16	2,575.06
	MERCYCARE HEALTH PLANS	666.54	1.26	667.80	1,640.90	4.36	1,645.26
*	PHYSICIANS PLUS	666.54	24.96	691.50	1,640.90	63.66	1,704.56
	UNITEDHEALTHCARE OF WISCONSIN	666.54	206.26	872.80	1,640.90	516.86	2,157.76
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	666.54	134.96	801.50	1,640.90	338.66	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	666.54	543.72	1,210.26	1,640.90	1,377.42	3,018.32
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	829.86	193.54	1,023.40	2,065.96	468.30	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	829.86	188.94	1,018.80	2,065.96	456.80	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	829.86	380.40	1,210.26	2,065.96	952.36	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	790.34	-	790.34	1,967.58	-	1,967.58
SAUK							
	DEAN HEALTH INSURANCE	663.92	53.58	717.50	1,634.39	135.17	1,769.56
	GHC OF SOUTH CENTRAL WISCONSIN	632.40	-	632.40	1,556.76	-	1,556.76
	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTH TRADITION HEALTH PLAN	642.50	-	642.50	1,582.06	-	1,582.06
	PHYSICIANS PLUS	663.92	27.58	691.50	1,634.39	70.17	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	663.92	546.34	1,210.26	1,634.39	1,383.93	3,018.32
SAWYER							
	GHC OF EAU CLAIRE	855.96	18.44	874.40	2,114.45	47.31	2,161.76
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	855.96	167.44	1,023.40	2,114.45	419.81	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	855.96	354.30	1,210.26	2,114.45	903.87	3,018.32
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
3	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
*	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
* 3	SECURITY HEALTH PLAN - CENTRAL	719.88	303.52	1,023.40	1,774.25	760.01	2,534.26
3	SECURITY HEALTH PLAN - VALLEY	719.88	303.52	1,023.40	1,774.25	760.01	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
	WEA TRUST - EAST	719.88	81.62	801.50	1,774.25	205.31	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

IYC Local Deductible; No Dental - P14

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	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
	DEAN HEALTH INSURANCE - PREVEA360	694.40	-	694.40	1,711.76	-	1,711.76
3	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
	WEA TRUST - EAST	719.88	81.62	801.50	1,774.25	205.31	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	HUMANA - WESTERN	855.96	342.24	1,198.20	2,114.45	856.81	2,971.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	855.96	162.84	1,018.80	2,114.45	408.31	2,522.76
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	855.96	162.84	1,018.80	2,114.45	408.31	2,522.76
3	IYC ACCESS HEALTH PLAN - DANE	855.96	265.04	1,121.00	2,114.45	680.67	2,795.12
TAYLOR							
3	ARISE HEALTH PLAN	918.12	103.58	1,021.70	2,269.85	260.21	2,530.06
	GHC OF EAU CLAIRE	874.40	-	874.40	2,161.76	-	2,161.76
*	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	918.12	105.28	1,023.40	2,269.85	264.41	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	918.12	292.14	1,210.26	2,269.85	748.47	3,018.32
TREMPEALEAU							
3	ARISE HEALTH PLAN	663.92	357.78	1,021.70	1,634.39	895.67	2,530.06
	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTH TRADITION HEALTH PLAN	642.50	-	642.50	1,582.06	-	1,582.06
*	HEALTHPARTNERS HEALTH PLAN	663.92	151.28	815.20	1,634.39	379.37	2,013.76
3 *	SECURITY HEALTH PLAN - CENTRAL	663.92	359.48	1,023.40	1,634.39	899.87	2,534.26
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	663.92	354.88	1,018.80	1,634.39	888.37	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	663.92	546.34	1,210.26	1,634.39	1,383.93	3,018.32
VERNON							
* 3	ARISE HEALTH PLAN	663.92	357.78	1,021.70	1,634.39	895.67	2,530.06
*	DEAN HEALTH INSURANCE	663.92	53.58	717.50	1,634.39	135.17	1,769.56
	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTH TRADITION HEALTH PLAN	642.50	-	642.50	1,582.06	-	1,582.06
*	PHYSICIANS PLUS	663.92	27.58	691.50	1,634.39	70.17	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	663.92	354.88	1,018.80	1,634.39	888.37	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	663.92	546.34	1,210.26	1,634.39	1,383.93	3,018.32
VILAS							
* 3	ARISE HEALTH PLAN	829.86	191.84	1,021.70	2,065.96	464.10	2,530.06
*	GHC OF EAU CLAIRE	829.86	44.54	874.40	2,065.96	95.80	2,161.76
*	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	829.86	193.54	1,023.40	2,065.96	468.30	2,534.26
3 *	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	829.86	380.40	1,210.26	2,065.96	952.36	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	790.34	-	790.34	1,967.58	-	1,967.58

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

IYC Local Deductible; No Dental - P14

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	666.54	355.16	1,021.70	1,640.90	889.16	2,530.06
*	DEAN HEALTH INSURANCE	666.54	50.96	717.50	1,640.90	128.66	1,769.56
3	HUMANA - EASTERN	666.54	373.16	1,039.70	1,640.90	934.16	2,575.06
	MERCYCARE HEALTH PLANS	666.54	1.26	667.80	1,640.90	4.36	1,645.26
*	PHYSICIANS PLUS	666.54	24.96	691.50	1,640.90	63.66	1,704.56
	UNITEDHEALTHCARE OF WISCONSIN	666.54	206.26	872.80	1,640.90	516.86	2,157.76
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	666.54	134.96	801.50	1,640.90	338.66	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	666.54	543.72	1,210.26	1,640.90	1,377.42	3,018.32
WASHBURN							
	GHC OF EAU CLAIRE	855.96	18.44	874.40	2,114.45	47.31	2,161.76
	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	855.96	167.44	1,023.40	2,114.45	419.81	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	855.96	162.84	1,018.80	2,114.45	408.31	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	855.96	354.30	1,210.26	2,114.45	903.87	3,018.32
WASHINGTON							
3	ARISE HEALTH PLAN	762.83	258.87	1,021.70	1,881.66	648.40	2,530.06
3	HUMANA - EASTERN	762.83	276.87	1,039.70	1,881.66	693.40	2,575.06
	NETWORK HEALTH - SOUTHEAST	726.50	-	726.50	1,792.06	-	1,792.06
	UNITEDHEALTHCARE OF WISCONSIN	762.83	109.97	872.80	1,881.66	276.10	2,157.76
	WEA TRUST - EAST	762.83	38.67	801.50	1,881.66	97.90	1,979.56
3	IYC ACCESS HEALTH PLAN - WAUKESHA	762.83	447.43	1,210.26	1,881.66	1,136.66	3,018.32
WAUKESHA							
3	ARISE HEALTH PLAN	666.54	355.16	1,021.70	1,640.90	889.16	2,530.06
	DEAN HEALTH INSURANCE	666.54	50.96	717.50	1,640.90	128.66	1,769.56
3	HUMANA - EASTERN	666.54	373.16	1,039.70	1,640.90	934.16	2,575.06
	NETWORK HEALTH - SOUTHEAST	666.54	59.96	726.50	1,640.90	151.16	1,792.06
*	PHYSICIANS PLUS	666.54	24.96	691.50	1,640.90	63.66	1,704.56
	UNITEDHEALTHCARE OF WISCONSIN	666.54	206.26	872.80	1,640.90	516.86	2,157.76
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	666.54	134.96	801.50	1,640.90	338.66	1,979.56
3	IYC ACCESS HEALTH PLAN - WAUKESHA	666.54	543.72	1,210.26	1,640.90	1,377.42	3,018.32
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
3	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
*	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
3 *	SECURITY HEALTH PLAN - CENTRAL	719.88	303.52	1,023.40	1,774.25	760.01	2,534.26
3	SECURITY HEALTH PLAN - VALLEY	719.88	303.52	1,023.40	1,774.25	760.01	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
	WEA TRUST - EAST	719.88	81.62	801.50	1,774.25	205.31	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible; No Dental - P14

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	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
3	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
*	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
	PHYSICIANS PLUS	691.50	-	691.50	1,704.56	-	1,704.56
3	SECURITY HEALTH PLAN - VALLEY	719.88	303.52	1,023.40	1,774.25	760.01	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
	WEA TRUST - EAST	719.88	81.62	801.50	1,774.25	205.31	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	719.88	301.82	1,021.70	1,774.25	755.81	2,530.06
3	HUMANA - EASTERN	719.88	319.82	1,039.70	1,774.25	800.81	2,575.06
	NETWORK HEALTH - NORTHEAST	715.50	-	715.50	1,764.56	-	1,764.56
* 3	SECURITY HEALTH PLAN - VALLEY	719.88	303.52	1,023.40	1,774.25	760.01	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	719.88	152.92	872.80	1,774.25	383.51	2,157.76
	WEA TRUST - EAST	719.88	81.62	801.50	1,774.25	205.31	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	719.88	490.38	1,210.26	1,774.25	1,244.07	3,018.32
WOOD							
3	ARISE HEALTH PLAN	841.58	180.12	1,021.70	2,078.54	451.52	2,530.06
*	HEALTHPARTNERS HEALTH PLAN	815.20	-	815.20	2,013.76	-	2,013.76
*	PHYSICIANS PLUS	691.50	-	691.50	1,704.56	-	1,704.56
3	SECURITY HEALTH PLAN - CENTRAL	841.58	181.82	1,023.40	2,078.54	455.72	2,534.26
*	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	801.50	-	801.50	1,979.56	-	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	841.58	368.68	1,210.26	2,078.54	939.78	3,018.32