2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

IYC Local Deductible; No Dental - P14

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
ADAMS							
	DEAN HEALTH INSURANCE	625.97	91.53	717.50	1,543.62	225.94	1,769.56
	PHYSICIANS PLUS	625.97	65.53	691.50	1,543.62	160.94	1,704.56
3	SECURITY HEALTH PLAN - CENTRAL	625.97	397.43	1,023.40	1,543.62	990.64	2,534.26
	UNITY HEALTH INSURANCE - COMMUNITY	625.97	8.83	634.80	1,543.62	19.14	1,562.76
	WEA TRUST - EAST	625.97	175.53	801.50	1,543.62	435.94	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	625.97	584.29	1,210.26	1,543.62	1,474.70	3,018.32
ASHLAND							
	GHC OF EAU CLAIRE	743.42	130.98	874.40	1,837.23	324.53	2,161.76
	HEALTHPARTNERS HEALTH PLAN	743.42	71.78	815.20	1,837.23	176.53	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	743.42	279.98	1,023.40	1,837.23	697.03	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	743.42	275.38	1,018.80	1,837.23	685.53	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.42	466.84	1,210.26	1,837.23	1,181.09	3,018.32
BARRON							
	HEALTHPARTNERS HEALTH PLAN	717.38	97.82	815.20	1,772.11	241.65	2,013.76
3	HUMANA - WESTERN	717.38	480.82	1,198.20	1,772.11	1,199.15	2,971.26
3	SECURITY HEALTH PLAN - CENTRAL	717.38	306.02	1,023.40	1,772.11	762.15	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	717.38	301.42	1,018.80	1,772.11	750.65	2,522.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	717.38	301.42	1,018.80	1,772.11	750.65	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	717.38	492.88	1,210.26	1,772.11	1,246.21	3,018.32
BAYFIELD							
*	GHC OF EAU CLAIRE	695.50	178.90	874.40	1,731.47	430.29	2,161.76
*	HEALTHPARTNERS HEALTH PLAN	695.50	119.70	815.20	1,731.47	282.29	2,013.76
3 *	SECURITY HEALTH PLAN - CENTRAL	695.50	327.90	1,023.40	1,731.47	802.79	2,534.26
3 *	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	695.50	323.30	1,018.80	1,731.47	791.29	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.50	514.76	1,210.26	1,731.47	1,286.85	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	695.50	94.84	790.34	1,731.47	236.11	1,967.58
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	663.48	22.12	685.60	1,637.40	52.36	1,689.76
3	ARISE HEALTH PLAN	663.48	358.22	1,021.70	1,637.40	892.66	2,530.06
	DEAN HEALTH INSURANCE - PREVEA360	663.48	30.92	694.40	1,637.40	74.36	1,711.76
3	HUMANA - EASTERN	663.48	376.22	1,039.70	1,637.40	937.66	2,575.06
	NETWORK HEALTH - NORTHEAST	663.48	52.02	715.50	1,637.40	127.16	1,764.56
3	SECURITY HEALTH PLAN - VALLEY	663.48	359.92	1,023.40	1,637.40	896.86	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	663.48	209.32	872.80	1,637.40	520.36	2,157.76
	WEA TRUST - EAST	663.48	138.02	801.50	1,637.40	342.16	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	663.48	546.78	1,210.26	1,637.40	1,380.92	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	695.50	323.30	1,018.80	1,731.47	791.29	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.50	514.76	1,210.26	1,731.47	1,286.85	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	695.50	94.84	790.34	1,731.47	236.11	1,967.58

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88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
BURNETT							
	GHC OF EAU CLAIRE	743.42	130.98	874.40	1,837.23	324.53	2,161.76
	HEALTHPARTNERS HEALTH PLAN	743.42	71.78	815.20	1,837.23	176.53	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	743.42	279.98	1,023.40	1,837.23	697.03	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.42	466.84	1,210.26	1,837.23	1,181.09	3,018.32
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	667.01	18.59	685.60	1,646.21	43.55	1,689.76
3 *	ARISE HEALTH PLAN	667.01	354.69	1,021.70	1,646.21	883.85	2,530.06
3	HUMANA - EASTERN	667.01	372.69	1,039.70	1,646.21	928.85	2,575.06
	NETWORK HEALTH - NORTHEAST	667.01	48.49	715.50	1,646.21	118.35	1,764.56
	UNITEDHEALTHCARE OF WISCONSIN	667.01	205.79	872.80	1,646.21	511.55	2,157.76
*	WEA TRUST - EAST	667.01	134.49	801.50	1,646.21	333.35	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	667.01	543.25	1,210.26	1,646.21	1,372.11	3,018.32
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTHPARTNERS HEALTH PLAN	636.90	178.30	815.20	1,570.94	442.82	2,013.76
3	HUMANA - WESTERN	636.90	561.30	1,198.20	1,570.94	1,400.32	2,971.26
3	SECURITY HEALTH PLAN - CENTRAL	636.90	386.50	1,023.40	1,570.94	963.32	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	636.90	381.90	1,018.80	1,570.94	951.82	2,522.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	636.90	381.90	1,018.80	1,570.94	951.82	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	636.90	573.36	1,210.26	1,570.94	1,447.38	3,018.32
CLARK							
3 *	ARISE HEALTH PLAN	743.42	278.28	1,021.70	1,837.23	692.83	2,530.06
	GHC OF EAU CLAIRE	743.42	130.98	874.40	1,837.23	324.53	2,161.76
*	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTHPARTNERS HEALTH PLAN	743.42	71.78	815.20	1,837.23	176.53	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	743.42	279.98	1,023.40	1,837.23	697.03	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	743.42	275.38	1,018.80	1,837.23	685.53	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.42	466.84	1,210.26	1,837.23	1,181.09	3,018.32
COLUMBIA							
3	ARISE HEALTH PLAN	612.08	409.62	1,021.70	1,508.88	1,021.18	2,530.06
	DEAN HEALTH INSURANCE	612.08	105.42	717.50	1,508.88	260.68	1,769.56
	GHC OF SOUTH CENTRAL WISCONSIN	612.08	20.32	632.40	1,508.88	47.88	1,556.76
	PHYSICIANS PLUS	612.08	79.42	691.50	1,508.88	195.68	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	612.08	22.72	634.80	1,508.88	53.88	1,562.76
	WEA TRUST - EAST	612.08	189.42	801.50	1,508.88	470.68	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	612.08	598.18	1,210.26	1,508.88	1,509.44	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
CRAWFORD							
3 *	ARISE HEALTH PLAN	589.31	432.39	1,021.70	1,451.99	1,078.07	2,530.06
	GUNDERSEN HEALTH PLAN	589.31	42.99	632.30	1,451.99	104.57	1,556.56
	HEALTH TRADITION HEALTH PLAN	589.31	53.19	642.50	1,451.99	130.07	1,582.06
	HEALTHPARTNERS HEALTH PLAN	589.31	225.89	815.20	1,451.99	561.77	2,013.76
	MEDICAL ASSOCIATES HEALTH PLANS	588.70	-	588.70	1,447.56	-	1,447.56
*	UNITY HEALTH INSURANCE - COMMUNITY	589.31	45.49	634.80	1,451.99	110.77	1,562.76
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	589.31	429.49	1,018.80	1,451.99	1,070.77	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	589.31	620.95	1,210.26	1,451.99	1,566.33	3,018.32
DANE							
	DEAN HEALTH INSURANCE	574.31	143.19	717.50	1,414.48	355.08	1,769.56
	GHC OF SOUTH CENTRAL WISCONSIN	574.31	58.09	632.40	1,414.48	142.28	1,556.76
	PHYSICIANS PLUS	574.31	117.19	691.50	1,414.48	290.08	1,704.56
	UNITY HEALTH INSURANCE - UW HEALTH	569.10	-	569.10	1,398.56	-	1,398.56
3	IYC ACCESS HEALTH PLAN - DANE	574.31	546.69	1,121.00	1,414.48	1,380.64	2,795.12
DODGE							
3	ARISE HEALTH PLAN	650.26	371.44	1,021.70	1,604.35	925.71	2,530.06
	DEAN HEALTH INSURANCE	650.26	67.24	717.50	1,604.35	165.21	1,769.56
3	HUMANA - EASTERN	650.26	389.44	1,039.70	1,604.35	970.71	2,575.06
	NETWORK HEALTH - NORTHEAST	650.26	65.24	715.50	1,604.35	160.21	1,764.56
	PHYSICIANS PLUS	650.26	41.24	691.50	1,604.35	100.21	1,704.56
	UNITEDHEALTHCARE OF WISCONSIN	650.26	222.54	872.80	1,604.35	553.41	2,157.76
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	650.26	151.24	801.50	1,604.35	375.21	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	650.26	560.00	1,210.26	1,604.35	1,413.97	3,018.32
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	676.59	9.01	685.60	1,670.16	19.60	1,689.76
3	ARISE HEALTH PLAN	676.59	345.11	1,021.70	1,670.16	859.90	2,530.06
*	DEAN HEALTH INSURANCE - PREVEA360	676.59	17.81	694.40	1,670.16	41.60	1,711.76
3	HUMANA - EASTERN	676.59	363.11	1,039.70	1,670.16	904.90	2,575.06
	NETWORK HEALTH - NORTHEAST	676.59	38.91	715.50	1,670.16	94.40	1,764.56
	UNITEDHEALTHCARE OF WISCONSIN	676.59	196.21	872.80	1,670.16	487.60	2,157.76
	WEA TRUST - EAST	676.59	124.91	801.50	1,670.16	309.40	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	676.59	533.67	1,210.26	1,670.16	1,348.16	3,018.32
DOUGLAS							
	GHC OF EAU CLAIRE	743.42	130.98	874.40	1,837.23	324.53	2,161.76
	HEALTHPARTNERS HEALTH PLAN	743.42	71.78	815.20	1,837.23	176.53	2,013.76
3	HUMANA - WESTERN	743.42	454.78	1,198.20	1,837.23	1,134.03	2,971.26
3	SECURITY HEALTH PLAN - CENTRAL	743.42	279.98	1,023.40	1,837.23	697.03	2,534.26
3 *	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	743.42	275.38	1,018.80	1,837.23	685.53	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.42	466.84	1,210.26	1,837.23	1,181.09	3,018.32

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88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
DUNN							
	HEALTHPARTNERS HEALTH PLAN	717.38	97.82	815.20	1,772.11	241.65	2,013.76
3	HUMANA - WESTERN	717.38	480.82	1,198.20	1,772.11	1,199.15	2,971.26
3 *	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	717.38	301.42	1,018.80	1,772.11	750.65	2,522.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	717.38	301.42	1,018.80	1,772.11	750.65	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	717.38	492.88	1,210.26	1,772.11	1,246.21	3,018.32
EAU CLAIRE							
3 *	ARISE HEALTH PLAN	636.90	384.80	1,021.70	1,570.94	959.12	2,530.06
	GUNDERSEN HEALTH PLAN	632.30	-	632.30	1,556.56	-	1,556.56
	HEALTHPARTNERS HEALTH PLAN	636.90	178.30	815.20	1,570.94	442.82	2,013.76
3	HUMANA - WESTERN	636.90	561.30	1,198.20	1,570.94	1,400.32	2,971.26
3	SECURITY HEALTH PLAN - CENTRAL	636.90	386.50	1,023.40	1,570.94	963.32	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	636.90	381.90	1,018.80	1,570.94	951.82	2,522.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	636.90	381.90	1,018.80	1,570.94	951.82	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	636.90	573.36	1,210.26	1,570.94	1,447.38	3,018.32
FLORENCE							
3 *	ARISE HEALTH PLAN	695.50	326.20	1,021.70	1,731.47	798.59	2,530.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.50	514.76	1,210.26	1,731.47	1,286.85	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	695.50	94.84	790.34	1,731.47	236.11	1,967.58
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	649.40	36.20	685.60	1,602.18	87.58	1,689.76
3	ARISE HEALTH PLAN	649.40	372.30	1,021.70	1,602.18	927.88	2,530.06
	DEAN HEALTH INSURANCE	649.40	68.10	717.50	1,602.18	167.38	1,769.56
3	HUMANA - EASTERN	649.40	390.30	1,039.70	1,602.18	972.88	2,575.06
	NETWORK HEALTH - NORTHEAST	649.40	66.10	715.50	1,602.18	162.38	1,764.56
	UNITEDHEALTHCARE OF WISCONSIN	649.40	223.40	872.80	1,602.18	555.58	2,157.76
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	649.40	152.10	801.50	1,602.18	377.38	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	649.40	560.86	1,210.26	1,602.18	1,416.14	3,018.32
FOREST							
3 *	ARISE HEALTH PLAN	695.50	326.20	1,021.70	1,731.47	798.59	2,530.06
3 *	SECURITY HEALTH PLAN - CENTRAL	695.50	327.90	1,023.40	1,731.47	802.79	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.50	514.76	1,210.26	1,731.47	1,286.85	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	695.50	94.84	790.34	1,731.47	236.11	1,967.58
GRANT							
3 *	ARISE HEALTH PLAN	573.07	448.63	1,021.70	1,411.38	1,118.68	2,530.06
	DEAN HEALTH INSURANCE	573.07	144.43	717.50	1,411.38	358.18	1,769.56
	GUNDERSEN HEALTH PLAN	573.07	59.23	632.30	1,411.38	145.18	1,556.56
	HEALTH TRADITION HEALTH PLAN	573.07	69.43	642.50	1,411.38	170.68	1,582.06
	MEDICAL ASSOCIATES HEALTH PLANS	573.07	15.63	588.70	1,411.38	36.18	1,447.56
	PHYSICIANS PLUS	573.07	118.43	691.50	1,411.38	293.18	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	573.07	61.73	634.80	1,411.38	151.38	1,562.76
3	IYC ACCESS HEALTH PLAN - DANE	573.07	547.93	1,121.00	1,411.38	1,383.74	2,795.12

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		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
GREEN							
	DEAN HEALTH INSURANCE	599.51	117.99	717.50	1,477.48	292.08	1,769.56
3	HUMANA - EASTERN	599.51	440.19	1,039.70	1,477.48	1,097.58	2,575.06
*	MERCYCARE HEALTH PLANS	599.51	68.29	667.80	1,477.48	167.78	1,645.26
	PHYSICIANS PLUS	599.51	91.99	691.50	1,477.48	227.08	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	599.51	35.29	634.80	1,477.48	85.28	1,562.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	599.51	610.75	1,210.26	1,477.48	1,540.84	3,018.32
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	692.24	329.46	1,021.70	1,709.28	820.78	2,530.06
*	DEAN HEALTH INSURANCE	692.24	25.26	717.50	1,709.28	60.28	1,769.56
3	HUMANA - EASTERN	692.24	347.46	1,039.70	1,709.28	865.78	2,575.06
*	NETWORK HEALTH - NORTHEAST	692.24	23.26	715.50	1,709.28	55.28	1,764.56
*	PHYSICIANS PLUS	691.50	-	691.50	1,704.56	-	1,704.56
3	SECURITY HEALTH PLAN - VALLEY	692.24	331.16	1,023.40	1,709.28	824.98	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	692.24	180.56	872.80	1,709.28	448.48	2,157.76
	WEA TRUST - EAST	692.24	109.26	801.50	1,709.28	270.28	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	692.24	518.02	1,210.26	1,709.28	1,309.04	3,018.32
IOWA							
	DEAN HEALTH INSURANCE	579.15	138.35	717.50	1,426.58	342.98	1,769.56
	MEDICAL ASSOCIATES HEALTH PLANS	579.15	9.55	588.70	1,426.58	20.98	1,447.56
	PHYSICIANS PLUS	579.15	112.35	691.50	1,426.58	277.98	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	579.15	55.65	634.80	1,426.58	136.18	1,562.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	579.15	631.11	1,210.26	1,426.58	1,591.74	3,018.32
IRON							
*	GHC OF EAU CLAIRE	695.50	178.90	874.40	1,731.47	430.29	2,161.76
3 *	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	695.50	323.30	1,018.80	1,731.47	791.29	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.50	514.76	1,210.26	1,731.47	1,286.85	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	695.50	94.84	790.34	1,731.47	236.11	1,967.58
JACKSON							
	GUNDERSEN HEALTH PLAN	613.07	19.23	632.30	1,511.36	45.20	1,556.56
	HEALTH TRADITION HEALTH PLAN	613.07	29.43	642.50	1,511.36	70.70	1,582.06
	HEALTHPARTNERS HEALTH PLAN	613.07	202.13	815.20	1,511.36	502.40	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	613.07	410.33	1,023.40	1,511.36	1,022.90	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	613.07	405.73	1,018.80	1,511.36	1,011.40	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	613.07	597.19	1,210.26	1,511.36	1,506.96	3,018.32

Revised (9/7/2016)

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

IYC Local Deductible; No Dental - P14

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
JEFFERSON							
3 *	ARISE HEALTH PLAN	643.27	378.43	1,021.70	1,586.85	943.21	2,530.06
	DEAN HEALTH INSURANCE	643.27	74.23	717.50	1,586.85	182.71	1,769.56
3	HUMANA - EASTERN	643.27	396.43	1,039.70	1,586.85	988.21	2,575.06
	MERCYCARE HEALTH PLANS	643.27	24.53	667.80	1,586.85	58.41	1,645.26
	PHYSICIANS PLUS	643.27	48.23	691.50	1,586.85	117.71	1,704.56
	UNITEDHEALTHCARE OF WISCONSIN	643.27	229.53	872.80	1,586.85	570.91	2,157.76
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	643.27	158.23	801.50	1,586.85	392.71	1,979.56
3	IYC ACCESS HEALTH PLAN - DANE	643.27	477.73	1,121.00	1,586.85	1,208.27	2,795.12
JUNEAU							
3 *	ARISE HEALTH PLAN	598.86	422.84	1,021.70	1,475.85	1,054.21	2,530.06
*	DEAN HEALTH INSURANCE	598.86	118.64	717.50	1,475.85	293.71	1,769.56
	GUNDERSEN HEALTH PLAN	598.86	33.44	632.30	1,475.85	80.71	1,556.56
	HEALTH TRADITION HEALTH PLAN	598.86	43.64	642.50	1,475.85	106.21	1,582.06
	PHYSICIANS PLUS	598.86	92.64	691.50	1,475.85	228.71	1,704.56
3	SECURITY HEALTH PLAN - CENTRAL	598.86	424.54	1,023.40	1,475.85	1,058.41	2,534.26
	UNITY HEALTH INSURANCE - COMMUNITY	598.86	35.94	634.80	1,475.85	86.91	1,562.76
	WEA TRUST - EAST	598.86	202.64	801.50	1,475.85	503.71	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	598.86	611.40	1,210.26	1,475.85	1,542.47	3,018.32
KENOSHA							
3	ARISE HEALTH PLAN	768.06	253.64	1,021.70	1,898.83	631.23	2,530.06
3	HUMANA - EASTERN	768.06	271.64	1,039.70	1,898.83	676.23	2,575.06
	UNITEDHEALTHCARE OF WISCONSIN	768.06	104.74	872.80	1,898.83	258.93	2,157.76
3	IYC ACCESS HEALTH PLAN - WAUKESHA	768.06	442.20	1,210.26	1,898.83	1,119.49	3,018.32
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	692.24	329.46	1,021.70	1,709.28	820.78	2,530.06
*	DEAN HEALTH INSURANCE - PREVEA360	692.24	2.16	694.40	1,709.28	2.48	1,711.76
3 *	HUMANA - EASTERN	692.24	347.46	1,039.70	1,709.28	865.78	2,575.06
*	NETWORK HEALTH - NORTHEAST	692.24	23.26	715.50	1,709.28	55.28	1,764.56
3 *	SECURITY HEALTH PLAN - VALLEY	692.24	331.16	1,023.40	1,709.28	824.98	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	692.24	180.56	872.80	1,709.28	448.48	2,157.76
	WEA TRUST - EAST	692.24	109.26	801.50	1,709.28	270.28	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	692.24	518.02	1,210.26	1,709.28	1,309.04	3,018.32
LACROSSE							
3 *	ARISE HEALTH PLAN	613.07	408.63	1,021.70	1,511.36	1,018.70	2,530.06
	GUNDERSEN HEALTH PLAN	613.07	19.23	632.30	1,511.36	45.20	1,556.56
	HEALTH TRADITION HEALTH PLAN	613.07	29.43	642.50	1,511.36	70.70	1,582.06
	HEALTHPARTNERS HEALTH PLAN	613.07	202.13	815.20	1,511.36	502.40	2,013.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	613.07	405.73	1,018.80	1,511.36	1,011.40	2,522.76
3	IYC ACCESS HEALTH PLAN - DANE	613.07	507.93	1,121.00	1,511.36	1,283.76	2,795.12

Revised (9/7/2016)

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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IYC Local Deductible; No Dental - P14

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
LAFAYETTE							
*	DEAN HEALTH INSURANCE	563.29	154.21	717.50	1,386.93	382.63	1,769.56
	MEDICAL ASSOCIATES HEALTH PLANS	563.29	25.41	588.70	1,386.93	60.63	1,447.56
	PHYSICIANS PLUS	563.29	128.21	691.50	1,386.93	317.63	1,704.56
*	UNITY HEALTH INSURANCE - COMMUNITY	563.29	71.51	634.80	1,386.93	175.83	1,562.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	563.29	646.97	1,210.26	1,386.93	1,631.39	3,018.32
LANGLADE							
3	ARISE HEALTH PLAN	769.47	252.23	1,021.70	1,902.35	627.71	2,530.06
	GHC OF EAU CLAIRE	769.47	104.93	874.40	1,902.35	259.41	2,161.76
*	HEALTHPARTNERS HEALTH PLAN	769.47	45.73	815.20	1,902.35	111.41	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	769.47	253.93	1,023.40	1,902.35	631.91	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	769.47	440.79	1,210.26	1,902.35	1,115.97	3,018.32
LINCOLN							
3 *	ARISE HEALTH PLAN	743.42	278.28	1,021.70	1,837.23	692.83	2,530.06
	GHC OF EAU CLAIRE	743.42	130.98	874.40	1,837.23	324.53	2,161.76
	HEALTHPARTNERS HEALTH PLAN	743.42	71.78	815.20	1,837.23	176.53	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	743.42	279.98	1,023.40	1,837.23	697.03	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.42	466.84	1,210.26	1,837.23	1,181.09	3,018.32
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	663.48	22.12	685.60	1,637.40	52.36	1,689.76
3	ARISE HEALTH PLAN	663.48	358.22	1,021.70	1,637.40	892.66	2,530.06
	DEAN HEALTH INSURANCE - PREVEA360	663.48	30.92	694.40	1,637.40	74.36	1,711.76
3	HUMANA - EASTERN	663.48	376.22	1,039.70	1,637.40	937.66	2,575.06
	NETWORK HEALTH - NORTHEAST	663.48	52.02	715.50	1,637.40	127.16	1,764.56
	UNITEDHEALTHCARE OF WISCONSIN	663.48	209.32	872.80	1,637.40	520.36	2,157.76
	WEA TRUST - EAST	663.48	138.02	801.50	1,637.40	342.16	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	663.48	546.78	1,210.26	1,637.40	1,380.92	3,018.32
MARATHON							
3	ARISE HEALTH PLAN	730.72	290.98	1,021.70	1,805.49	724.57	2,530.06
	GHC OF EAU CLAIRE	730.72	143.68	874.40	1,805.49	356.27	2,161.76
	HEALTHPARTNERS HEALTH PLAN	730.72	84.48	815.20	1,805.49	208.27	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	730.72	292.68	1,023.40	1,805.49	728.77	2,534.26
	WEA TRUST - EAST	730.72	70.78	801.50	1,805.49	174.07	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	730.72	479.54	1,210.26	1,805.49	1,212.83	3,018.32
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	685.70	336.00	1,021.70	1,692.91	837.15	2,530.06
*	DEAN HEALTH INSURANCE - PREVEA360	685.70	8.70	694.40	1,692.91	18.85	1,711.76
3	HUMANA - EASTERN	685.70	354.00	1,039.70	1,692.91	882.15	2,575.06
*	NETWORK HEALTH - NORTHEAST	685.70	29.80	715.50	1,692.91	71.65	1,764.56
	UNITEDHEALTHCARE OF WISCONSIN	685.70	187.10	872.80	1,692.91	464.85	2,157.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	685.70	524.56	1,210.26	1,692.91	1,325.41	3,018.32

Revised (9/7/2016)

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IYC Local Deductible; No Dental - P14

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
MARQUETTE							
3 *	ARISE HEALTH PLAN	656.92	364.78	1,021.70	1,621.01	909.05	2,530.06
*	DEAN HEALTH INSURANCE	656.92	60.58	717.50	1,621.01	148.55	1,769.56
	PHYSICIANS PLUS	656.92	34.58	691.50	1,621.01	83.55	1,704.56
3 *	SECURITY HEALTH PLAN - VALLEY	656.92	366.48	1,023.40	1,621.01	913.25	2,534.26
*	UNITEDHEALTHCARE OF WISCONSIN	656.92	215.88	872.80	1,621.01	536.75	2,157.76
*	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	656.92	144.58	801.50	1,621.01	358.55	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	656.92	553.34	1,210.26	1,621.01	1,397.31	3,018.32
MENOMINEE							
3 *	ARISE HEALTH PLAN	695.50	326.20	1,021.70	1,731.47	798.59	2,530.06
*	WEA TRUST - EAST	695.50	106.00	801.50	1,731.47	248.09	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.50	514.76	1,210.26	1,731.47	1,286.85	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	695.50	94.84	790.34	1,731.47	236.11	1,967.58
MILWAUKEE							
3	ARISE HEALTH PLAN	704.23	317.47	1,021.70	1,739.28	790.78	2,530.06
3	HUMANA - EASTERN	704.23	335.47	1,039.70	1,739.28	835.78	2,575.06
	NETWORK HEALTH - SOUTHEAST	704.23	22.27	726.50	1,739.28	52.78	1,792.06
	UNITEDHEALTHCARE OF WISCONSIN	704.23	168.57	872.80	1,739.28	418.48	2,157.76
	WEA TRUST - EAST	704.23	97.27	801.50	1,739.28	240.28	1,979.56
3	IYC ACCESS HEALTH PLAN - MILWAUKEE	704.23	606.29	1,310.52	1,739.28	1,529.58	3,268.86
MONROE							
3 *	ARISE HEALTH PLAN	613.07	408.63	1,021.70	1,511.36	1,018.70	2,530.06
	GUNDERSEN HEALTH PLAN	613.07	19.23	632.30	1,511.36	45.20	1,556.56
	HEALTH TRADITION HEALTH PLAN	613.07	29.43	642.50	1,511.36	70.70	1,582.06
	HEALTHPARTNERS HEALTH PLAN	613.07	202.13	815.20	1,511.36	502.40	2,013.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	613.07	405.73	1,018.80	1,511.36	1,011.40	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	613.07	597.19	1,210.26	1,511.36	1,506.96	3,018.32
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	637.34	48.26	685.60	1,572.04	117.72	1,689.76
3	ARISE HEALTH PLAN	637.34	384.36	1,021.70	1,572.04	958.02	2,530.06
	DEAN HEALTH INSURANCE - PREVEA360	637.34	57.06	694.40	1,572.04	139.72	1,711.76
3	HUMANA - EASTERN	637.34	402.36	1,039.70	1,572.04	1,003.02	2,575.06
	NETWORK HEALTH - NORTHEAST	637.34	78.16	715.50	1,572.04	192.52	1,764.56
3	SECURITY HEALTH PLAN - VALLEY	637.34	386.06	1,023.40	1,572.04	962.22	2,534.26
*	UNITEDHEALTHCARE OF WISCONSIN	637.34	235.46	872.80	1,572.04	585.72	2,157.76
	WEA TRUST - EAST	637.34	164.16	801.50	1,572.04	407.52	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	637.34	572.92	1,210.26	1,572.04	1,446.28	3,018.32
ONEIDA							
3 *	ARISE HEALTH PLAN	743.42	278.28	1,021.70	1,837.23	692.83	2,530.06
	GHC OF EAU CLAIRE	743.42	130.98	874.40	1,837.23	324.53	2,161.76
	HEALTHPARTNERS HEALTH PLAN	743.42	71.78	815.20	1,837.23	176.53	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	743.42	279.98	1,023.40	1,837.23	697.03	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.42	466.84	1,210.26	1,837.23	1,181.09	3,018.32

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88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
OUTAGAMIE							
	ANTHEM BLUE PREFERRED NORTHEAST	676.59	9.01	685.60	1,670.16	19.60	1,689.76
3	ARISE HEALTH PLAN	676.59	345.11	1,021.70	1,670.16	859.90	2,530.06
*	DEAN HEALTH INSURANCE - PREVEA360	676.59	17.81	694.40	1,670.16	41.60	1,711.76
3	HUMANA - EASTERN	676.59	363.11	1,039.70	1,670.16	904.90	2,575.06
	NETWORK HEALTH - NORTHEAST	676.59	38.91	715.50	1,670.16	94.40	1,764.56
3	SECURITY HEALTH PLAN - VALLEY	676.59	346.81	1,023.40	1,670.16	864.10	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	676.59	196.21	872.80	1,670.16	487.60	2,157.76
	WEA TRUST - EAST	676.59	124.91	801.50	1,670.16	309.40	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	676.59	533.67	1,210.26	1,670.16	1,348.16	3,018.32
OZAUKEE							
3	ARISE HEALTH PLAN	704.23	317.47	1,021.70	1,739.28	790.78	2,530.06
3	HUMANA - EASTERN	704.23	335.47	1,039.70	1,739.28	835.78	2,575.06
	NETWORK HEALTH - SOUTHEAST	704.23	22.27	726.50	1,739.28	52.78	1,792.06
	UNITEDHEALTHCARE OF WISCONSIN	704.23	168.57	872.80	1,739.28	418.48	2,157.76
	WEA TRUST - EAST	704.23	97.27	801.50	1,739.28	240.28	1,979.56
3	IYC ACCESS HEALTH PLAN - WAUKESHA	704.23	506.03	1,210.26	1,739.28	1,279.04	3,018.32
PEPIN							
*	HEALTH TRADITION HEALTH PLAN	642.50	-	642.50	1,582.06	-	1,582.06
*	HEALTHPARTNERS HEALTH PLAN	695.50	119.70	815.20	1,731.47	282.29	2,013.76
3 *	HUMANA - WESTERN	695.50	502.70	1,198.20	1,731.47	1,239.79	2,971.26
3 *	SECURITY HEALTH PLAN - CENTRAL	695.50	327.90	1,023.40	1,731.47	802.79	2,534.26
3 *	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	695.50	323.30	1,018.80	1,731.47	791.29	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.50	514.76	1,210.26	1,731.47	1,286.85	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	695.50	94.84	790.34	1,731.47	236.11	1,967.58
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	717.38	97.82	815.20	1,772.11	241.65	2,013.76
3 *	HUMANA - WESTERN	717.38	480.82	1,198.20	1,772.11	1,199.15	2,971.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	717.38	301.42	1,018.80	1,772.11	750.65	2,522.76
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	717.38	301.42	1,018.80	1,772.11	750.65	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	717.38	492.88	1,210.26	1,772.11	1,246.21	3,018.32
POLK							
	HEALTHPARTNERS HEALTH PLAN	717.38	97.82	815.20	1,772.11	241.65	2,013.76
3	HUMANA - WESTERN	717.38	480.82	1,198.20	1,772.11	1,199.15	2,971.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	717.38	301.42	1,018.80	1,772.11	750.65	2,522.76
3	IYC ACCESS HEALTH PLAN - DANE	717.38	403.62	1,121.00	1,772.11	1,023.01	2,795.12
PORTAGE							
3 *	ARISE HEALTH PLAN	711.35	310.35	1,021.70	1,757.06	773.00	2,530.06
	HEALTHPARTNERS HEALTH PLAN	711.35	103.85	815.20	1,757.06	256.70	2,013.76
*	NETWORK HEALTH - NORTHEAST	711.35	4.15	715.50	1,757.06	7.50	1,764.56
3	SECURITY HEALTH PLAN - CENTRAL	711.35	312.05	1,023.40	1,757.06	777.20	2,534.26
	WEA TRUST - EAST	711.35	90.15	801.50	1,757.06	222.50	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	711.35	498.91	1,210.26	1,757.06	1,261.26	3,018.32

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88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
PRICE							
3 *	ARISE HEALTH PLAN	769.47	252.23	1,021.70	1,902.35	627.71	2,530.06
	GHC OF EAU CLAIRE	769.47	104.93	874.40	1,902.35	259.41	2,161.76
*	HEALTHPARTNERS HEALTH PLAN	769.47	45.73	815.20	1,902.35	111.41	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	769.47	253.93	1,023.40	1,902.35	631.91	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	769.47	440.79	1,210.26	1,902.35	1,115.97	3,018.32
RACINE							
3 *	ARISE HEALTH PLAN	703.69	318.01	1,021.70	1,737.92	792.14	2,530.06
3	HUMANA - EASTERN	703.69	336.01	1,039.70	1,737.92	837.14	2,575.06
	NETWORK HEALTH - SOUTHEAST	703.69	22.81	726.50	1,737.92	54.14	1,792.06
	UNITEDHEALTHCARE OF WISCONSIN	703.69	169.11	872.80	1,737.92	419.84	2,157.76
3	IYC ACCESS HEALTH PLAN - WAUKESHA	703.69	506.57	1,210.26	1,737.92	1,280.40	3,018.32
RICHLAND							
	DEAN HEALTH INSURANCE	584.07	133.43	717.50	1,438.89	330.67	1,769.56
	GUNDERSEN HEALTH PLAN	584.07	48.23	632.30	1,438.89	117.67	1,556.56
	HEALTH TRADITION HEALTH PLAN	584.07	58.43	642.50	1,438.89	143.17	1,582.06
	PHYSICIANS PLUS	584.07	107.43	691.50	1,438.89	265.67	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	584.07	50.73	634.80	1,438.89	123.87	1,562.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	584.07	626.19	1,210.26	1,438.89	1,579.43	3,018.32
ROCK							
	DEAN HEALTH INSURANCE	650.21	67.29	717.50	1,604.22	165.34	1,769.56
3	HUMANA - EASTERN	650.21	389.49	1,039.70	1,604.22	970.84	2,575.06
	MERCYCARE HEALTH PLANS	650.21	17.59	667.80	1,604.22	41.04	1,645.26
*	PHYSICIANS PLUS	650.21	41.29	691.50	1,604.22	100.34	1,704.56
	UNITEDHEALTHCARE OF WISCONSIN	650.21	222.59	872.80	1,604.22	553.54	2,157.76
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	650.21	151.29	801.50	1,604.22	375.34	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	650.21	560.05	1,210.26	1,604.22	1,414.10	3,018.32
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	695.50	119.70	815.20	1,731.47	282.29	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	695.50	327.90	1,023.40	1,731.47	802.79	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	695.50	323.30	1,018.80	1,731.47	791.29	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.50	514.76	1,210.26	1,731.47	1,286.85	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	695.50	94.84	790.34	1,731.47	236.11	1,967.58
SAUK							
	DEAN HEALTH INSURANCE	579.48	138.02	717.50	1,427.40	342.16	1,769.56
	GHC OF SOUTH CENTRAL WISCONSIN	579.48	52.92	632.40	1,427.40	129.36	1,556.76
	GUNDERSEN HEALTH PLAN	579.48	52.82	632.30	1,427.40	129.16	1,556.56
	HEALTH TRADITION HEALTH PLAN	579.48	63.02	642.50	1,427.40	154.66	1,582.06
	PHYSICIANS PLUS	579.48	112.02	691.50	1,427.40	277.16	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	579.48	55.32	634.80	1,427.40	135.36	1,562.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	579.48	630.78	1,210.26	1,427.40	1,590.92	3,018.32

Revised (9/7/2016)

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

IYC Local Deductible; No Dental - P14

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
SAWYER							
	GHC OF EAU CLAIRE	743.42	130.98	874.40	1,837.23	324.53	2,161.76
	HEALTHPARTNERS HEALTH PLAN	743.42	71.78	815.20	1,837.23	176.53	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	743.42	279.98	1,023.40	1,837.23	697.03	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.42	466.84	1,210.26	1,837.23	1,181.09	3,018.32
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	692.24	329.46	1,021.70	1,709.28	820.78	2,530.06
3	HUMANA - EASTERN	692.24	347.46	1,039.70	1,709.28	865.78	2,575.06
*	NETWORK HEALTH - NORTHEAST	692.24	23.26	715.50	1,709.28	55.28	1,764.56
3 *	SECURITY HEALTH PLAN - CENTRAL	692.24	331.16	1,023.40	1,709.28	824.98	2,534.26
3	SECURITY HEALTH PLAN - VALLEY	692.24	331.16	1,023.40	1,709.28	824.98	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	692.24	180.56	872.80	1,709.28	448.48	2,157.76
	WEA TRUST - EAST	692.24	109.26	801.50	1,709.28	270.28	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	692.24	518.02	1,210.26	1,709.28	1,309.04	3,018.32
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	663.48	22.12	685.60	1,637.40	52.36	1,689.76
3	ARISE HEALTH PLAN	663.48	358.22	1,021.70	1,637.40	892.66	2,530.06
	DEAN HEALTH INSURANCE - PREVEA360	663.48	30.92	694.40	1,637.40	74.36	1,711.76
3	HUMANA - EASTERN	663.48	376.22	1,039.70	1,637.40	937.66	2,575.06
	NETWORK HEALTH - NORTHEAST	663.48	52.02	715.50	1,637.40	127.16	1,764.56
	UNITEDHEALTHCARE OF WISCONSIN	663.48	209.32	872.80	1,637.40	520.36	2,157.76
	WEA TRUST - EAST	663.48	138.02	801.50	1,637.40	342.16	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	663.48	546.78	1,210.26	1,637.40	1,380.92	3,018.32
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	717.38	97.82	815.20	1,772.11	241.65	2,013.76
3	HUMANA - WESTERN	717.38	480.82	1,198.20	1,772.11	1,199.15	2,971.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	717.38	301.42	1,018.80	1,772.11	750.65	2,522.76
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	717.38	301.42	1,018.80	1,772.11	750.65	2,522.76
3	IYC ACCESS HEALTH PLAN - DANE	717.38	403.62	1,121.00	1,772.11	1,023.01	2,795.12
TAYLOR							
3	ARISE HEALTH PLAN	769.47	252.23	1,021.70	1,902.35	627.71	2,530.06
	GHC OF EAU CLAIRE	769.47	104.93	874.40	1,902.35	259.41	2,161.76
*	HEALTHPARTNERS HEALTH PLAN	769.47	45.73	815.20	1,902.35	111.41	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	769.47	253.93	1,023.40	1,902.35	631.91	2,534.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	769.47	440.79	1,210.26	1,902.35	1,115.97	3,018.32
TREMPEALEAU							
3	ARISE HEALTH PLAN	560.91	460.79	1,021.70	1,380.99	1,149.07	2,530.06
	GUNDERSEN HEALTH PLAN	560.91	71.39	632.30	1,380.99	175.57	1,556.56
	HEALTH TRADITION HEALTH PLAN	560.91	81.59	642.50	1,380.99	201.07	1,582.06
*	HEALTHPARTNERS HEALTH PLAN	560.91	254.29	815.20	1,380.99	632.77	2,013.76
3 *	SECURITY HEALTH PLAN - CENTRAL	560.91	462.49	1,023.40	1,380.99	1,153.27	2,534.26
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	560.91	457.89	1,018.80	1,380.99	1,141.77	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	560.91	649.35	1,210.26	1,380.99	1,637.33	3,018.32

Revised (9/7/2016)

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

IYC Local Deductible; No Dental - P14

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
VERNON							
3 *	ARISE HEALTH PLAN	560.15	461.55	1,021.70	1,379.07	1,150.99	2,530.06
*	DEAN HEALTH INSURANCE	560.15	157.35	717.50	1,379.07	390.49	1,769.56
	GUNDERSEN HEALTH PLAN	560.15	72.15	632.30	1,379.07	177.49	1,556.56
	HEALTH TRADITION HEALTH PLAN	560.15	82.35	642.50	1,379.07	202.99	1,582.06
*	PHYSICIANS PLUS	560.15	131.35	691.50	1,379.07	325.49	1,704.56
	UNITY HEALTH INSURANCE - COMMUNITY	560.15	74.65	634.80	1,379.07	183.69	1,562.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	560.15	458.65	1,018.80	1,379.07	1,143.69	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	560.15	650.11	1,210.26	1,379.07	1,639.25	3,018.32
VILAS							
3 *	ARISE HEALTH PLAN	695.50	326.20	1,021.70	1,731.47	798.59	2,530.06
*	GHC OF EAU CLAIRE	695.50	178.90	874.40	1,731.47	430.29	2,161.76
*	HEALTHPARTNERS HEALTH PLAN	695.50	119.70	815.20	1,731.47	282.29	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	695.50	327.90	1,023.40	1,731.47	802.79	2,534.26
3 *	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	695.50	514.76	1,210.26	1,731.47	1,286.85	3,018.32
	STATE MAINTENANCE PLAN (SMP) WPE	695.50	94.84	790.34	1,731.47	236.11	1,967.58
WALWORTH							
3	ARISE HEALTH PLAN	654.92	366.78	1,021.70	1,615.97	914.09	2,530.06
*	DEAN HEALTH INSURANCE	654.92	62.58	717.50	1,615.97	153.59	1,769.56
3	HUMANA - EASTERN	654.92	384.78	1,039.70	1,615.97	959.09	2,575.06
	MERCYCARE HEALTH PLANS	654.92	12.88	667.80	1,615.97	29.29	1,645.26
*	PHYSICIANS PLUS	654.92	36.58	691.50	1,615.97	88.59	1,704.56
	UNITEDHEALTHCARE OF WISCONSIN	654.92	217.88	872.80	1,615.97	541.79	2,157.76
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	654.92	146.58	801.50	1,615.97	363.59	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	654.92	555.34	1,210.26	1,615.97	1,402.35	3,018.32
WASHBURN							
	GHC OF EAU CLAIRE	743.42	130.98	874.40	1,837.23	324.53	2,161.76
	HEALTHPARTNERS HEALTH PLAN	743.42	71.78	815.20	1,837.23	176.53	2,013.76
3	SECURITY HEALTH PLAN - CENTRAL	743.42	279.98	1,023.40	1,837.23	697.03	2,534.26
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	743.42	275.38	1,018.80	1,837.23	685.53	2,522.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.42	466.84	1,210.26	1,837.23	1,181.09	3,018.32
WASHINGTON							
3	ARISE HEALTH PLAN	704.23	317.47	1,021.70	1,739.28	790.78	2,530.06
3	HUMANA - EASTERN	704.23	335.47	1,039.70	1,739.28	835.78	2,575.06
	NETWORK HEALTH - SOUTHEAST	704.23	22.27	726.50	1,739.28	52.78	1,792.06
	UNITEDHEALTHCARE OF WISCONSIN	704.23	168.57	872.80	1,739.28	418.48	2,157.76
	WEA TRUST - EAST	704.23	97.27	801.50	1,739.28	240.28	1,979.56
3	IYC ACCESS HEALTH PLAN - WAUKESHA	704.23	506.03	1,210.26	1,739.28	1,279.04	3,018.32

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IYC Local Deductible; No Dental - P14

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WAUKESHA							
3	ARISE HEALTH PLAN	660.55	361.15	1,021.70	1,630.06	900.00	2,530.06
	DEAN HEALTH INSURANCE	660.55	56.95	717.50	1,630.06	139.50	1,769.56
3	HUMANA - EASTERN	660.55	379.15	1,039.70	1,630.06	945.00	2,575.06
	NETWORK HEALTH - SOUTHEAST	660.55	65.95	726.50	1,630.06	162.00	1,792.06
*	PHYSICIANS PLUS	660.55	30.95	691.50	1,630.06	74.50	1,704.56
	UNITEDHEALTHCARE OF WISCONSIN	660.55	212.25	872.80	1,630.06	527.70	2,157.76
	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	660.55	140.95	801.50	1,630.06	349.50	1,979.56
3	IYC ACCESS HEALTH PLAN - WAUKESHA	660.55	549.71	1,210.26	1,630.06	1,388.26	3,018.32
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	685.60	-	685.60	1,689.76	-	1,689.76
3	ARISE HEALTH PLAN	692.24	329.46	1,021.70	1,709.28	820.78	2,530.06
3	HUMANA - EASTERN	692.24	347.46	1,039.70	1,709.28	865.78	2,575.06
*	NETWORK HEALTH - NORTHEAST	692.24	23.26	715.50	1,709.28	55.28	1,764.56
3 *	SECURITY HEALTH PLAN - CENTRAL	692.24	331.16	1,023.40	1,709.28	824.98	2,534.26
3	SECURITY HEALTH PLAN - VALLEY	692.24	331.16	1,023.40	1,709.28	824.98	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	692.24	180.56	872.80	1,709.28	448.48	2,157.76
	WEA TRUST - EAST	692.24	109.26	801.50	1,709.28	270.28	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	692.24	518.02	1,210.26	1,709.28	1,309.04	3,018.32
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	671.31	14.29	685.60	1,656.96	32.80	1,689.76
3	ARISE HEALTH PLAN	671.31	350.39	1,021.70	1,656.96	873.10	2,530.06
3	HUMANA - EASTERN	671.31	368.39	1,039.70	1,656.96	918.10	2,575.06
*	NETWORK HEALTH - NORTHEAST	671.31	44.19	715.50	1,656.96	107.60	1,764.56
	PHYSICIANS PLUS	671.31	20.19	691.50	1,656.96	47.60	1,704.56
3	SECURITY HEALTH PLAN - VALLEY	671.31	352.09	1,023.40	1,656.96	877.30	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	671.31	201.49	872.80	1,656.96	500.80	2,157.76
	WEA TRUST - EAST	671.31	130.19	801.50	1,656.96	322.60	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	671.31	538.95	1,210.26	1,656.96	1,361.36	3,018.32
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	676.59	9.01	685.60	1,670.16	19.60	1,689.76
3	ARISE HEALTH PLAN	676.59	345.11	1,021.70	1,670.16	859.90	2,530.06
3	HUMANA - EASTERN	676.59	363.11	1,039.70	1,670.16	904.90	2,575.06
	NETWORK HEALTH - NORTHEAST	676.59	38.91	715.50	1,670.16	94.40	1,764.56
3 *	SECURITY HEALTH PLAN - VALLEY	676.59	346.81	1,023.40	1,670.16	864.10	2,534.26
	UNITEDHEALTHCARE OF WISCONSIN	676.59	196.21	872.80	1,670.16	487.60	2,157.76
	WEA TRUST - EAST	676.59	124.91	801.50	1,670.16	309.40	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	676.59	533.67	1,210.26	1,670.16	1,348.16	3,018.32

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IYC Local Deductible; No Dental - P14

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WOOD							
3	ARISE HEALTH PLAN	705.32	316.38	1,021.70	1,742.01	788.05	2,530.06
*	HEALTHPARTNERS HEALTH PLAN	705.32	109.88	815.20	1,742.01	271.75	2,013.76
*	PHYSICIANS PLUS	691.50	-	691.50	1,704.56	-	1,704.56
3	SECURITY HEALTH PLAN - CENTRAL	705.32	318.08	1,023.40	1,742.01	792.25	2,534.26
*	UNITY HEALTH INSURANCE - COMMUNITY	634.80	-	634.80	1,562.76	-	1,562.76
	WEA TRUST - EAST	705.32	96.18	801.50	1,742.01	237.55	1,979.56
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	705.32	504.94	1,210.26	1,742.01	1,276.31	3,018.32