2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Health Plan; No Dental - P16

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	678.30	52.20	730.50	1,670.30	131.76	1,802.06
	PHYSICIANS PLUS	678.30	25.60	703.90	1,670.30	65.26	1,735.56
3	SECURITY HEALTH PLAN - CENTRAL	678.30	364.60	1,042.90	1,670.30	912.76	2,583.06
	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
	WEA TRUST - EAST	678.30	137.90	816.20	1,670.30	345.96	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	678.30	550.22	1,228.52	1,670.30	1,393.62	3,063.92
ASHLAND							
	GHC OF EAU CLAIRE	871.71	19.09	890.80	2,153.82	48.94	2,202.76
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	871.71	171.19	1,042.90	2,153.82	429.24	2,583.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	871.71	166.49	1,038.20	2,153.82	417.44	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.71	356.81	1,228.52	2,153.82	910.10	3,063.92
BARRON							
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	HUMANA - WESTERN	871.71	349.79	1,221.50	2,153.82	875.74	3,029.56
3	SECURITY HEALTH PLAN - CENTRAL	871.71	171.19	1,042.90	2,153.82	429.24	2,583.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	871.71	166.49	1,038.20	2,153.82	417.44	2,571.26
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	871.71	166.49	1,038.20	2,153.82	417.44	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.71	356.81	1,228.52	2,153.82	910.10	3,063.92
BAYFIELD							
*	GHC OF EAU CLAIRE	842.50	48.30	890.80	2,097.67	105.09	2,202.76
*	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
* 3	SECURITY HEALTH PLAN - CENTRAL	842.50	200.40	1,042.90	2,097.67	485.39	2,583.06
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	842.50	195.70	1,038.20	2,097.67	473.59	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	842.50	386.02	1,228.52	2,097.67	966.25	3,063.92
	STATE MAINTENANCE PLAN (SMP) WPE	802.38	-	802.38	1,997.78	-	1,997.78
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	697.90	-	697.90	1,720.56	-	1,720.56
3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
	DEAN HEALTH INSURANCE - PREVEA360	706.80	-	706.80	1,742.76	-	1,742.76
3	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
3	SECURITY HEALTH PLAN - VALLEY	732.80	310.10	1,042.90	1,806.59	776.47	2,583.06
	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
	WEA TRUST - EAST	732.80	83.40	816.20	1,806.59	209.67	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	653.80	-	653.80	1,610.26	-	1,610.26
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	842.50	195.70	1,038.20	2,097.67	473.59	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	842.50	386.02	1,228.52	2,097.67	966.25	3,063.92
	STATE MAINTENANCE PLAN (SMP) WPE	802.38	-	802.38	1,997.78	-	1,997.78

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Health Plan; No Dental - P16

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	871.71	19.09	890.80	2,153.82	48.94	2,202.76
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	871.71	171.19	1,042.90	2,153.82	429.24	2,583.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.71	356.81	1,228.52	2,153.82	910.10	3,063.92
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	697.90	-	697.90	1,720.56	-	1,720.56
* 3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
3	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
*	WEA TRUST - EAST	732.80	83.40	816.20	1,806.59	209.67	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	643.30	-	643.30	1,584.06	-	1,584.06
	HEALTHPARTNERS HEALTH PLAN	675.47	154.73	830.20	1,663.26	388.00	2,051.26
3	HUMANA - WESTERN	675.47	546.03	1,221.50	1,663.26	1,366.30	3,029.56
3	SECURITY HEALTH PLAN - CENTRAL	675.47	367.43	1,042.90	1,663.26	919.80	2,583.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	675.47	362.73	1,038.20	1,663.26	908.00	2,571.26
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	675.47	362.73	1,038.20	1,663.26	908.00	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	675.47	553.05	1,228.52	1,663.26	1,400.66	3,063.92
CLARK							
* 3	ARISE HEALTH PLAN	871.71	169.59	1,041.30	2,153.82	425.24	2,579.06
	GHC OF EAU CLAIRE	871.71	19.09	890.80	2,153.82	48.94	2,202.76
*	GUNDERSEN HEALTH PLAN	643.30	-	643.30	1,584.06	-	1,584.06
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	871.71	171.19	1,042.90	2,153.82	429.24	2,583.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	871.71	166.49	1,038.20	2,153.82	417.44	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.71	356.81	1,228.52	2,153.82	910.10	3,063.92
COLUMBIA							
3	ARISE HEALTH PLAN	675.57	365.73	1,041.30	1,663.47	915.59	2,579.06
	DEAN HEALTH INSURANCE	675.57	54.93	730.50	1,663.47	138.59	1,802.06
	GHC OF SOUTH CENTRAL WISCONSIN	643.40	-	643.40	1,584.26	-	1,584.26
	PHYSICIANS PLUS	675.57	28.33	703.90	1,663.47	72.09	1,735.56
	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
	WEA TRUST - EAST	675.57	140.63	816.20	1,663.47	352.79	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	675.57	552.95	1,228.52	1,663.47	1,400.45	3,063.92
CRAWFORD							
* 3	ARISE HEALTH PLAN	628.74	412.56	1,041.30	1,546.40	1,032.66	2,579.06
	GUNDERSEN HEALTH PLAN	628.74	14.56	643.30	1,546.40	37.66	1,584.06
	HEALTH TRADITION HEALTH PLAN	628.74	25.06	653.80	1,546.40	63.86	1,610.26
	HEALTHPARTNERS HEALTH PLAN	628.74	201.46	830.20	1,546.40	504.86	2,051.26
	MEDICAL ASSOCIATES HEALTH PLANS	598.80	-	598.80	1,472.76	-	1,472.76
*	UNITY HEALTH INSURANCE - COMMUNITY	628.74	17.26	646.00	1,546.40	44.36	1,590.76
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	628.74	409.46	1,038.20	1,546.40	1,024.86	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.74	599.78	1,228.52	1,546.40	1,517.52	3,063.92

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Health Plan; No Dental - P16

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	607.74	122.76	730.50	1,493.90	308.16	1,802.06
	GHC OF SOUTH CENTRAL WISCONSIN	607.74	35.66	643.40	1,493.90	90.36	1,584.26
	PHYSICIANS PLUS	607.74	96.16	703.90	1,493.90	241.66	1,735.56
	UNITY HEALTH INSURANCE - UW HEALTH	578.80	-	578.80	1,422.76	-	1,422.76
3	IYC ACCESS HEALTH PLAN - DANE	607.74	529.54	1,137.28	1,493.90	1,341.94	2,835.84
DODGE							
3	ARISE HEALTH PLAN	678.30	363.00	1,041.30	1,670.30	908.76	2,579.06
	DEAN HEALTH INSURANCE	678.30	52.20	730.50	1,670.30	131.76	1,802.06
3	HUMANA - EASTERN	678.30	381.40	1,059.70	1,670.30	954.76	2,625.06
	NETWORK HEALTH - NORTHEAST	678.30	50.10	728.40	1,670.30	126.46	1,796.76
	PHYSICIANS PLUS	678.30	25.60	703.90	1,670.30	65.26	1,735.56
	UNITEDHEALTHCARE OF WISCONSIN	678.30	210.90	889.20	1,670.30	528.46	2,198.76
	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
	WEA TRUST - EAST	678.30	137.90	816.20	1,670.30	345.96	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	678.30	550.22	1,228.52	1,670.30	1,393.62	3,063.92
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	697.90	-	697.90	1,720.56	-	1,720.56
3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
*	DEAN HEALTH INSURANCE - PREVEA360	706.80	-	706.80	1,742.76	-	1,742.76
3	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
	WEA TRUST - EAST	732.80	83.40	816.20	1,806.59	209.67	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92
DOUGLAS							
	GHC OF EAU CLAIRE	871.71	19.09	890.80	2,153.82	48.94	2,202.76
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	HUMANA - WESTERN	871.71	349.79	1,221.50	2,153.82	875.74	3,029.56
3	SECURITY HEALTH PLAN - CENTRAL	871.71	171.19	1,042.90	2,153.82	429.24	2,583.06
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	871.71	166.49	1,038.20	2,153.82	417.44	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.71	356.81	1,228.52	2,153.82	910.10	3,063.92
DUNN							
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	HUMANA - WESTERN	871.71	349.79	1,221.50	2,153.82	875.74	3,029.56
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	871.71	166.49	1,038.20	2,153.82	417.44	2,571.26
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	871.71	166.49	1,038.20	2,153.82	417.44	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.71	356.81	1,228.52	2,153.82	910.10	3,063.92

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LCQP

IYC Local Health Plan; No Dental - P16

105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
EAU CLAIRE							
* 3	ARISE HEALTH PLAN	675.47	365.83	1,041.30	1,663.26	915.80	2,579.06
	GUNDERSEN HEALTH PLAN	643.30	-	643.30	1,584.06	-	1,584.06
	HEALTHPARTNERS HEALTH PLAN	675.47	154.73	830.20	1,663.26	388.00	2,051.26
3	HUMANA - WESTERN	675.47	546.03	1,221.50	1,663.26	1,366.30	3,029.56
3	SECURITY HEALTH PLAN - CENTRAL	675.47	367.43	1,042.90	1,663.26	919.80	2,583.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	675.47	362.73	1,038.20	1,663.26	908.00	2,571.26
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	675.47	362.73	1,038.20	1,663.26	908.00	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	675.47	553.05	1,228.52	1,663.26	1,400.66	3,063.92
FLORENCE							
* 3	ARISE HEALTH PLAN	842.50	198.80	1,041.30	2,097.67	481.39	2,579.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	842.50	386.02	1,228.52	2,097.67	966.25	3,063.92
	STATE MAINTENANCE PLAN (SMP) WPE	802.38	-	802.38	1,997.78	-	1,997.78
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	678.30	19.60	697.90	1,670.30	50.26	1,720.56
3	ARISE HEALTH PLAN	678.30	363.00	1,041.30	1,670.30	908.76	2,579.06
	DEAN HEALTH INSURANCE	678.30	52.20	730.50	1,670.30	131.76	1,802.06
3	HUMANA - EASTERN	678.30	381.40	1,059.70	1,670.30	954.76	2,625.06
	NETWORK HEALTH - NORTHEAST	678.30	50.10	728.40	1,670.30	126.46	1,796.76
	UNITEDHEALTHCARE OF WISCONSIN	678.30	210.90	889.20	1,670.30	528.46	2,198.76
	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
	WEA TRUST - EAST	678.30	137.90	816.20	1,670.30	345.96	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	678.30	550.22	1,228.52	1,670.30	1,393.62	3,063.92
FOREST							
* 3	ARISE HEALTH PLAN	842.50	198.80	1,041.30	2,097.67	481.39	2,579.06
* 3	SECURITY HEALTH PLAN - CENTRAL	842.50	200.40	1,042.90	2,097.67	485.39	2,583.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	842.50	386.02	1,228.52	2,097.67	966.25	3,063.92
	STATE MAINTENANCE PLAN (SMP) WPE	802.38	-	802.38	1,997.78	-	1,997.78
GRANT							
* 3	ARISE HEALTH PLAN	628.74	412.56	1,041.30	1,546.40	1,032.66	2,579.06
	DEAN HEALTH INSURANCE	628.74	101.76	730.50	1,546.40	255.66	1,802.06
	GUNDERSEN HEALTH PLAN	628.74	14.56	643.30	1,546.40	37.66	1,584.06
	HEALTH TRADITION HEALTH PLAN	628.74	25.06	653.80	1,546.40	63.86	1,610.26
	MEDICAL ASSOCIATES HEALTH PLANS	598.80	-	598.80	1,472.76	-	1,472.76
	PHYSICIANS PLUS	628.74	75.16	703.90	1,546.40	189.16	1,735.56
	UNITY HEALTH INSURANCE - COMMUNITY	628.74	17.26	646.00	1,546.40	44.36	1,590.76
3	IYC ACCESS HEALTH PLAN - DANE	628.74	508.54	1,137.28	1,546.40	1,289.44	2,835.84
GREEN							
	DEAN HEALTH INSURANCE	678.30	52.20	730.50	1,670.30	131.76	1,802.06
3	HUMANA - EASTERN	678.30	381.40	1,059.70	1,670.30	954.76	2,625.06
*	MERCYCARE HEALTH PLANS	678.30	1.30	679.60	1,670.30	4.46	1,674.76
	PHYSICIANS PLUS	678.30	25.60	703.90	1,670.30	65.26	1,735.56
	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	678.30	550.22	1,228.52	1,670.30	1,393.62	3,063.92

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LCQP

IYC Local Health Plan; No Dental - P16

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
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	697.90	-	697.90	1,720.56	-	1,720.56
3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
*	DEAN HEALTH INSURANCE	730.50	-	730.50	1,802.06	-	1,802.06
3	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
*	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
*	PHYSICIANS PLUS	703.90	-	703.90	1,735.56	-	1,735.56
3	SECURITY HEALTH PLAN - VALLEY	732.80	310.10	1,042.90	1,806.59	776.47	2,583.06
	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
	WEA TRUST - EAST	732.80	83.40	816.20	1,806.59	209.67	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92
IOWA							
	DEAN HEALTH INSURANCE	628.74	101.76	730.50	1,546.40	255.66	1,802.06
	MEDICAL ASSOCIATES HEALTH PLANS	598.80	-	598.80	1,472.76	-	1,472.76
	PHYSICIANS PLUS	628.74	75.16	703.90	1,546.40	189.16	1,735.56
	UNITY HEALTH INSURANCE - COMMUNITY	628.74	17.26	646.00	1,546.40	44.36	1,590.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.74	599.78	1,228.52	1,546.40	1,517.52	3,063.92
IRON							
*	GHC OF EAU CLAIRE	842.50	48.30	890.80	2,097.67	105.09	2,202.76
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	842.50	195.70	1,038.20	2,097.67	473.59	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	842.50	386.02	1,228.52	2,097.67	966.25	3,063.92
	STATE MAINTENANCE PLAN (SMP) WPE	802.38	-	802.38	1,997.78	-	1,997.78
JACKSON							
	GUNDERSEN HEALTH PLAN	643.30	-	643.30	1,584.06	-	1,584.06
	HEALTH TRADITION HEALTH PLAN	653.80	-	653.80	1,610.26	-	1,610.26
	HEALTHPARTNERS HEALTH PLAN	675.47	154.73	830.20	1,663.26	388.00	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	675.47	367.43	1,042.90	1,663.26	919.80	2,583.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	675.47	362.73	1,038.20	1,663.26	908.00	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	675.47	553.05	1,228.52	1,663.26	1,400.66	3,063.92
JEFFERSON							
* 3	ARISE HEALTH PLAN	678.30	363.00	1,041.30	1,670.30	908.76	2,579.06
	DEAN HEALTH INSURANCE	678.30	52.20	730.50	1,670.30	131.76	1,802.06
3	HUMANA - EASTERN	678.30	381.40	1,059.70	1,670.30	954.76	2,625.06
	MERCYCARE HEALTH PLANS	678.30	1.30	679.60	1,670.30	4.46	1,674.76
	PHYSICIANS PLUS	678.30	25.60	703.90	1,670.30	65.26	1,735.56
	UNITEDHEALTHCARE OF WISCONSIN	678.30	210.90	889.20	1,670.30	528.46	2,198.76
	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
	WEA TRUST - EAST	678.30	137.90	816.20	1,670.30	345.96	2,016.26
3	IYC ACCESS HEALTH PLAN - DANE	678.30	458.98	1,137.28	1,670.30	1,165.54	2,835.84

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Health Plan; No Dental - P16

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	675.47	365.83	1,041.30	1,663.26	915.80	2,579.06
*	DEAN HEALTH INSURANCE	675.47	55.03	730.50	1,663.26	138.80	1,802.06
	GUNDERSEN HEALTH PLAN	643.30	-	643.30	1,584.06	-	1,584.06
	HEALTH TRADITION HEALTH PLAN	653.80	-	653.80	1,610.26	-	1,610.26
	PHYSICIANS PLUS	675.47	28.43	703.90	1,663.26	72.30	1,735.56
3	SECURITY HEALTH PLAN - CENTRAL	675.47	367.43	1,042.90	1,663.26	919.80	2,583.06
	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
	WEA TRUST - EAST	675.47	140.73	816.20	1,663.26	353.00	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	675.47	553.05	1,228.52	1,663.26	1,400.66	3,063.92
KENOSHA							
3	ARISE HEALTH PLAN	933.66	107.64	1,041.30	2,308.70	270.36	2,579.06
3	HUMANA - EASTERN	933.66	126.04	1,059.70	2,308.70	316.36	2,625.06
	UNITEDHEALTHCARE OF WISCONSIN	889.20	-	889.20	2,198.76	-	2,198.76
3	IYC ACCESS HEALTH PLAN - WAUKESHA	933.66	294.86	1,228.52	2,308.70	755.22	3,063.92
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	697.90	-	697.90	1,720.56	-	1,720.56
3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
*	DEAN HEALTH INSURANCE - PREVEA360	706.80	-	706.80	1,742.76	-	1,742.76
3 *	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
*	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
3 *	SECURITY HEALTH PLAN - VALLEY	732.80	310.10	1,042.90	1,806.59	776.47	2,583.06
	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
	WEA TRUST - EAST	732.80	83.40	816.20	1,806.59	209.67	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92
LACROSSE							
* 3	ARISE HEALTH PLAN	675.47	365.83	1,041.30	1,663.26	915.80	2,579.06
	GUNDERSEN HEALTH PLAN	643.30	-	643.30	1,584.06	-	1,584.06
	HEALTH TRADITION HEALTH PLAN	653.80	-	653.80	1,610.26	-	1,610.26
	HEALTHPARTNERS HEALTH PLAN	675.47	154.73	830.20	1,663.26	388.00	2,051.26
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	675.47	362.73	1,038.20	1,663.26	908.00	2,571.26
3	IYC ACCESS HEALTH PLAN - DANE	675.47	461.81	1,137.28	1,663.26	1,172.58	2,835.84
LAFAYETTE							
*	DEAN HEALTH INSURANCE	628.74	101.76	730.50	1,546.40	255.66	1,802.06
	MEDICAL ASSOCIATES HEALTH PLANS	598.80	-	598.80	1,472.76	-	1,472.76
	PHYSICIANS PLUS	628.74	75.16	703.90	1,546.40	189.16	1,735.56
*	UNITY HEALTH INSURANCE - COMMUNITY	628.74	17.26	646.00	1,546.40	44.36	1,590.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.74	599.78	1,228.52	1,546.40	1,517.52	3,063.92
LANGLADE							
3	ARISE HEALTH PLAN	935.34	105.96	1,041.30	2,312.90	266.16	2,579.06
	GHC OF EAU CLAIRE	890.80	-	890.80	2,202.76	-	2,202.76
*	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	935.34	107.56	1,042.90	2,312.90	270.16	2,583.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	935.34	293.18	1,228.52	2,312.90	751.02	3,063.92

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Health Plan; No Dental - P16

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	871.71	169.59	1,041.30	2,153.82	425.24	2,579.06
	GHC OF EAU CLAIRE	871.71	19.09	890.80	2,153.82	48.94	2,202.76
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	871.71	171.19	1,042.90	2,153.82	429.24	2,583.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.71	356.81	1,228.52	2,153.82	910.10	3,063.92
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	697.90	-	697.90	1,720.56	-	1,720.56
3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
	DEAN HEALTH INSURANCE - PREVEA360	706.80	-	706.80	1,742.76	-	1,742.76
3	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
	WEA TRUST - EAST	732.80	83.40	816.20	1,806.59	209.67	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92
MARATHON							
3	ARISE HEALTH PLAN	857.01	184.29	1,041.30	2,117.07	461.99	2,579.06
	GHC OF EAU CLAIRE	857.01	33.79	890.80	2,117.07	85.69	2,202.76
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	857.01	185.89	1,042.90	2,117.07	465.99	2,583.06
	WEA TRUST - EAST	816.20	-	816.20	2,016.26	-	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	857.01	371.51	1,228.52	2,117.07	946.85	3,063.92
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	697.90	-	697.90	1,720.56	-	1,720.56
3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
*	DEAN HEALTH INSURANCE - PREVEA360	706.80	-	706.80	1,742.76	-	1,742.76
3	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
*	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92
MARQUETTE							
* 3	ARISE HEALTH PLAN	739.10	302.20	1,041.30	1,822.34	756.72	2,579.06
*	DEAN HEALTH INSURANCE	730.50	-	730.50	1,802.06	-	1,802.06
	PHYSICIANS PLUS	703.90	-	703.90	1,735.56	-	1,735.56
* 3	SECURITY HEALTH PLAN - VALLEY	739.10	303.80	1,042.90	1,822.34	760.72	2,583.06
*	UNITEDHEALTHCARE OF WISCONSIN	739.10	150.10	889.20	1,822.34	376.42	2,198.76
*	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
	WEA TRUST - EAST	739.10	77.10	816.20	1,822.34	193.92	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	739.10	489.42	1,228.52	1,822.34	1,241.58	3,063.92
MENOMINEE							
* 3	ARISE HEALTH PLAN	842.50	198.80	1,041.30	2,097.67	481.39	2,579.06
*	WEA TRUST - EAST	816.20	-	816.20	2,016.26	-	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	842.50	386.02	1,228.52	2,097.67	966.25	3,063.92
	STATE MAINTENANCE PLAN (SMP) WPE	802.38	-	802.38	1,997.78	-	1,997.78

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Health Plan; No Dental - P16

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	776.58	264.72	1,041.30	1,916.00	663.06	2,579.06
3	HUMANA - EASTERN	776.58	283.12	1,059.70	1,916.00	709.06	2,625.06
	NETWORK HEALTH - SOUTHEAST	739.60	-	739.60	1,824.76	-	1,824.76
	UNITEDHEALTHCARE OF WISCONSIN	776.58	112.62	889.20	1,916.00	282.76	2,198.76
	WEA TRUST - EAST	776.58	39.62	816.20	1,916.00	100.26	2,016.26
3	IYC ACCESS HEALTH PLAN - MILWAUKEE	776.58	554.46	1,331.04	1,916.00	1,404.24	3,320.24
MONROE							
* 3	ARISE HEALTH PLAN	675.47	365.83	1,041.30	1,663.26	915.80	2,579.06
	GUNDERSEN HEALTH PLAN	643.30	-	643.30	1,584.06	-	1,584.06
	HEALTH TRADITION HEALTH PLAN	653.80	-	653.80	1,610.26	-	1,610.26
	HEALTHPARTNERS HEALTH PLAN	675.47	154.73	830.20	1,663.26	388.00	2,051.26
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	675.47	362.73	1,038.20	1,663.26	908.00	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	675.47	553.05	1,228.52	1,663.26	1,400.66	3,063.92
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	697.90	-	697.90	1,720.56	-	1,720.56
3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
	DEAN HEALTH INSURANCE - PREVEA360	706.80	-	706.80	1,742.76	-	1,742.76
3	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
3	SECURITY HEALTH PLAN - VALLEY	732.80	310.10	1,042.90	1,806.59	776.47	2,583.06
*	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
	WEA TRUST - EAST	732.80	83.40	816.20	1,806.59	209.67	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92
ONEIDA							
* 3	ARISE HEALTH PLAN	871.71	169.59	1,041.30	2,153.82	425.24	2,579.06
	GHC OF EAU CLAIRE	871.71	19.09	890.80	2,153.82	48.94	2,202.76
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	871.71	171.19	1,042.90	2,153.82	429.24	2,583.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.71	356.81	1,228.52	2,153.82	910.10	3,063.92
OUTAGAMIE							
	ANTHEM BLUE PREFERRED NORTHEAST	697.90	-	697.90	1,720.56	-	1,720.56
3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
*	DEAN HEALTH INSURANCE - PREVEA360	706.80	-	706.80	1,742.76	-	1,742.76
3	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
3	SECURITY HEALTH PLAN - VALLEY	732.80	310.10	1,042.90	1,806.59	776.47	2,583.06
	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
	WEA TRUST - EAST	732.80	83.40	816.20	1,806.59	209.67	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Health Plan; No Dental - P16

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	776.58	264.72	1,041.30	1,916.00	663.06	2,579.06
3	HUMANA - EASTERN	776.58	283.12	1,059.70	1,916.00	709.06	2,625.06
	NETWORK HEALTH - SOUTHEAST	739.60	-	739.60	1,824.76	-	1,824.76
	UNITEDHEALTHCARE OF WISCONSIN	776.58	112.62	889.20	1,916.00	282.76	2,198.76
	WEA TRUST - EAST	776.58	39.62	816.20	1,916.00	100.26	2,016.26
3	IYC ACCESS HEALTH PLAN - WAUKESHA	776.58	451.94	1,228.52	1,916.00	1,147.92	3,063.92
PEPIN							
*	HEALTH TRADITION HEALTH PLAN	653.80	-	653.80	1,610.26	-	1,610.26
*	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
* 3	HUMANA - WESTERN	842.50	379.00	1,221.50	2,097.67	931.89	3,029.56
* 3	SECURITY HEALTH PLAN - CENTRAL	842.50	200.40	1,042.90	2,097.67	485.39	2,583.06
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	842.50	195.70	1,038.20	2,097.67	473.59	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	842.50	386.02	1,228.52	2,097.67	966.25	3,063.92
	STATE MAINTENANCE PLAN (SMP) WPE	802.38	247.19	802.38	1,997.78	617.08	1,997.78
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3 *	HUMANA - WESTERN	871.71	349.79	1,221.50	2,153.82	875.74	3,029.56
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	871.71	166.49	1,038.20	2,153.82	417.44	2,571.26
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	871.71	166.49	1,038.20	2,153.82	417.44	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.71	356.81	1,228.52	2,153.82	910.10	3,063.92
POLK							
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	HUMANA - WESTERN	871.71	349.79	1,221.50	2,153.82	875.74	3,029.56
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	871.71	166.49	1,038.20	2,153.82	417.44	2,571.26
3	IYC ACCESS HEALTH PLAN - DANE	871.71	265.57	1,137.28	2,153.82	682.02	2,835.84
PORTAGE							
* 3	ARISE HEALTH PLAN	857.01	184.29	1,041.30	2,117.07	461.99	2,579.06
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
*	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
3	SECURITY HEALTH PLAN - CENTRAL	857.01	185.89	1,042.90	2,117.07	465.99	2,583.06
	WEA TRUST - EAST	816.20	-	816.20	2,016.26	-	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	857.01	371.51	1,228.52	2,117.07	946.85	3,063.92
PRICE							
* 3	ARISE HEALTH PLAN	935.34	105.96	1,041.30	2,312.90	266.16	2,579.06
	GHC OF EAU CLAIRE	890.80	-	890.80	2,202.76	-	2,202.76
*	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	935.34	107.56	1,042.90	2,312.90	270.16	2,583.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	935.34	293.18	1,228.52	2,312.90	751.02	3,063.92
RACINE							
3 *	ARISE HEALTH PLAN	776.58	264.72	1,041.30	1,916.00	663.06	2,579.06
3	HUMANA - EASTERN	776.58	283.12	1,059.70	1,916.00	709.06	2,625.06
	NETWORK HEALTH - SOUTHEAST	739.60	-	739.60	1,824.76	-	1,824.76
	UNITEDHEALTHCARE OF WISCONSIN	776.58	112.62	889.20	1,916.00	282.76	2,198.76
3	IYC ACCESS HEALTH PLAN - WAUKESHA	776.58	451.94	1,228.52	1,916.00	1,147.92	3,063.92

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Health Plan; No Dental - P16

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	675.47	55.03	730.50	1,663.26	138.80	1,802.06
	GUNDERSEN HEALTH PLAN	643.30	-	643.30	1,584.06	-	1,584.06
	HEALTH TRADITION HEALTH PLAN	653.80	-	653.80	1,610.26	-	1,610.26
	PHYSICIANS PLUS	675.47	28.43	703.90	1,663.26	72.30	1,735.56
	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	675.47	553.05	1,228.52	1,663.26	1,400.66	3,063.92
ROCK							
	DEAN HEALTH INSURANCE	678.30	52.20	730.50	1,670.30	131.76	1,802.06
3	HUMANA - EASTERN	678.30	381.40	1,059.70	1,670.30	954.76	2,625.06
	MERCYCARE HEALTH PLANS	678.30	1.30	679.60	1,670.30	4.46	1,674.76
*	PHYSICIANS PLUS	678.30	25.60	703.90	1,670.30	65.26	1,735.56
	UNITEDHEALTHCARE OF WISCONSIN	678.30	210.90	889.20	1,670.30	528.46	2,198.76
	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
	WEA TRUST - EAST	678.30	137.90	816.20	1,670.30	345.96	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	678.30	550.22	1,228.52	1,670.30	1,393.62	3,063.92
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	842.50	200.40	1,042.90	2,097.67	485.39	2,583.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	842.50	195.70	1,038.20	2,097.67	473.59	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	842.50	386.02	1,228.52	2,097.67	966.25	3,063.92
	STATE MAINTENANCE PLAN (SMP) WPE	802.38	-	802.38	1,997.78	-	1,997.78
SAUK							
	DEAN HEALTH INSURANCE	675.47	55.03	730.50	1,663.26	138.80	1,802.06
	GHC OF SOUTH CENTRAL WISCONSIN	643.40	-	643.40	1,584.26	-	1,584.26
	GUNDERSEN HEALTH PLAN	643.30	-	643.30	1,584.06	-	1,584.06
	HEALTH TRADITION HEALTH PLAN	653.80	-	653.80	1,610.26	-	1,610.26
	PHYSICIANS PLUS	675.47	28.43	703.90	1,663.26	72.30	1,735.56
	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	675.47	553.05	1,228.52	1,663.26	1,400.66	3,063.92
SAWYER							
	GHC OF EAU CLAIRE	871.71	19.09	890.80	2,153.82	48.94	2,202.76
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	871.71	171.19	1,042.90	2,153.82	429.24	2,583.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.71	356.81	1,228.52	2,153.82	910.10	3,063.92
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	697.90	-	697.90	1,720.56	-	1,720.56
3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
3	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
*	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
* 3	SECURITY HEALTH PLAN - CENTRAL	732.80	310.10	1,042.90	1,806.59	776.47	2,583.06
3	SECURITY HEALTH PLAN - VALLEY	732.80	310.10	1,042.90	1,806.59	776.47	2,583.06
	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
	WEA TRUST - EAST	732.80	83.40	816.20	1,806.59	209.67	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Health Plan; No Dental - P16

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	697.90	-	697.90	1,720.56	-	1,720.56
3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
	DEAN HEALTH INSURANCE - PREVEA360	706.80	-	706.80	1,742.76	-	1,742.76
3	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
	WEA TRUST - EAST	732.80	83.40	816.20	1,806.59	209.67	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	HUMANA - WESTERN	871.71	349.79	1,221.50	2,153.82	875.74	3,029.56
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	871.71	166.49	1,038.20	2,153.82	417.44	2,571.26
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	871.71	166.49	1,038.20	2,153.82	417.44	2,571.26
3	IYC ACCESS HEALTH PLAN - DANE	871.71	265.57	1,137.28	2,153.82	682.02	2,835.84
TAYLOR							
3	ARISE HEALTH PLAN	935.34	105.96	1,041.30	2,312.90	266.16	2,579.06
	GHC OF EAU CLAIRE	890.80	-	890.80	2,202.76	-	2,202.76
*	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	935.34	107.56	1,042.90	2,312.90	270.16	2,583.06
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	935.34	293.18	1,228.52	2,312.90	751.02	3,063.92
TREMPEALEAU							
3	ARISE HEALTH PLAN	675.47	365.83	1,041.30	1,663.26	915.80	2,579.06
	GUNDERSEN HEALTH PLAN	643.30	-	643.30	1,584.06	-	1,584.06
	HEALTH TRADITION HEALTH PLAN	653.80	-	653.80	1,610.26	-	1,610.26
*	HEALTHPARTNERS HEALTH PLAN	675.47	154.73	830.20	1,663.26	388.00	2,051.26
3 *	SECURITY HEALTH PLAN - CENTRAL	675.47	367.43	1,042.90	1,663.26	919.80	2,583.06
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	675.47	362.73	1,038.20	1,663.26	908.00	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	675.47	553.05	1,228.52	1,663.26	1,400.66	3,063.92
VERNON							
* 3	ARISE HEALTH PLAN	675.47	365.83	1,041.30	1,663.26	915.80	2,579.06
*	DEAN HEALTH INSURANCE	675.47	55.03	730.50	1,663.26	138.80	1,802.06
	GUNDERSEN HEALTH PLAN	643.30	-	643.30	1,584.06	-	1,584.06
	HEALTH TRADITION HEALTH PLAN	653.80	-	653.80	1,610.26	-	1,610.26
*	PHYSICIANS PLUS	675.47	28.43	703.90	1,663.26	72.30	1,735.56
	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	675.47	362.73	1,038.20	1,663.26	908.00	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	675.47	553.05	1,228.52	1,663.26	1,400.66	3,063.92
VILAS							
* 3	ARISE HEALTH PLAN	842.50	198.80	1,041.30	2,097.67	481.39	2,579.06
*	GHC OF EAU CLAIRE	842.50	48.30	890.80	2,097.67	105.09	2,202.76
*	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	842.50	200.40	1,042.90	2,097.67	485.39	2,583.06
3 *	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	842.50	386.02	1,228.52	2,097.67	966.25	3,063.92
	STATE MAINTENANCE PLAN (SMP) WPE	802.38	-	802.38	1,997.78	-	1,997.78

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Health Plan; No Dental - P16

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	678.30	363.00	1,041.30	1,670.30	908.76	2,579.06
*	DEAN HEALTH INSURANCE	678.30	52.20	730.50	1,670.30	131.76	1,802.06
3	HUMANA - EASTERN	678.30	381.40	1,059.70	1,670.30	954.76	2,625.06
	MERCYCARE HEALTH PLANS	678.30	1.30	679.60	1,670.30	4.46	1,674.76
*	PHYSICIANS PLUS	678.30	25.60	703.90	1,670.30	65.26	1,735.56
	UNITEDHEALTHCARE OF WISCONSIN	678.30	210.90	889.20	1,670.30	528.46	2,198.76
	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
	WEA TRUST - EAST	678.30	137.90	816.20	1,670.30	345.96	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	678.30	550.22	1,228.52	1,670.30	1,393.62	3,063.92
WASHBURN							
	GHC OF EAU CLAIRE	871.71	19.09	890.80	2,153.82	48.94	2,202.76
	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
3	SECURITY HEALTH PLAN - CENTRAL	871.71	171.19	1,042.90	2,153.82	429.24	2,583.06
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	871.71	166.49	1,038.20	2,153.82	417.44	2,571.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	871.71	356.81	1,228.52	2,153.82	910.10	3,063.92
WASHINGTON							
3	ARISE HEALTH PLAN	776.58	264.72	1,041.30	1,916.00	663.06	2,579.06
3	HUMANA - EASTERN	776.58	283.12	1,059.70	1,916.00	709.06	2,625.06
	NETWORK HEALTH - SOUTHEAST	739.60	-	739.60	1,824.76	-	1,824.76
	UNITEDHEALTHCARE OF WISCONSIN	776.58	112.62	889.20	1,916.00	282.76	2,198.76
	WEA TRUST - EAST	776.58	39.62	816.20	1,916.00	100.26	2,016.26
3	IYC ACCESS HEALTH PLAN - WAUKESHA	776.58	451.94	1,228.52	1,916.00	1,147.92	3,063.92
WAUKESHA							
3	ARISE HEALTH PLAN	678.30	363.00	1,041.30	1,670.30	908.76	2,579.06
	DEAN HEALTH INSURANCE	678.30	52.20	730.50	1,670.30	131.76	1,802.06
3	HUMANA - EASTERN	678.30	381.40	1,059.70	1,670.30	954.76	2,625.06
	NETWORK HEALTH - SOUTHEAST	678.30	61.30	739.60	1,670.30	154.46	1,824.76
*	PHYSICIANS PLUS	678.30	25.60	703.90	1,670.30	65.26	1,735.56
	UNITEDHEALTHCARE OF WISCONSIN	678.30	210.90	889.20	1,670.30	528.46	2,198.76
	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
	WEA TRUST - EAST	678.30	137.90	816.20	1,670.30	345.96	2,016.26
3	IYC ACCESS HEALTH PLAN - WAUKESHA	678.30	550.22	1,228.52	1,670.30	1,393.62	3,063.92
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	697.90	-	697.90	1,720.56	-	1,720.56
3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
3	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
*	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
3 *	SECURITY HEALTH PLAN - CENTRAL	732.80	310.10	1,042.90	1,806.59	776.47	2,583.06
3	SECURITY HEALTH PLAN - VALLEY	732.80	310.10	1,042.90	1,806.59	776.47	2,583.06
	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
	WEA TRUST - EAST	732.80	83.40	816.20	1,806.59	209.67	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92

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LCQP

IYC Local Health Plan; No Dental - P16

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	697.90	-	697.90	1,720.56	-	1,720.56
3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
3	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
*	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
	PHYSICIANS PLUS	703.90	-	703.90	1,735.56	-	1,735.56
3	SECURITY HEALTH PLAN - VALLEY	732.80	310.10	1,042.90	1,806.59	776.47	2,583.06
	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
	WEA TRUST - EAST	732.80	83.40	816.20	1,806.59	209.67	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	697.90	-	697.90	1,720.56	-	1,720.56
3	ARISE HEALTH PLAN	732.80	308.50	1,041.30	1,806.59	772.47	2,579.06
3	HUMANA - EASTERN	732.80	326.90	1,059.70	1,806.59	818.47	2,625.06
	NETWORK HEALTH - NORTHEAST	728.40	-	728.40	1,796.76	-	1,796.76
* 3	SECURITY HEALTH PLAN - VALLEY	732.80	310.10	1,042.90	1,806.59	776.47	2,583.06
	UNITEDHEALTHCARE OF WISCONSIN	732.80	156.40	889.20	1,806.59	392.17	2,198.76
	WEA TRUST - EAST	732.80	83.40	816.20	1,806.59	209.67	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	732.80	495.72	1,228.52	1,806.59	1,257.33	3,063.92
WOOD							
3	ARISE HEALTH PLAN	857.01	184.29	1,041.30	2,117.07	461.99	2,579.06
*	HEALTHPARTNERS HEALTH PLAN	830.20	-	830.20	2,051.26	-	2,051.26
*	PHYSICIANS PLUS	703.90	-	703.90	1,735.56	-	1,735.56
3	SECURITY HEALTH PLAN - CENTRAL	857.01	185.89	1,042.90	2,117.07	465.99	2,583.06
*	UNITY HEALTH INSURANCE - COMMUNITY	646.00	-	646.00	1,590.76	-	1,590.76
	WEA TRUST - EAST	816.20	-	816.20	2,016.26	-	2,016.26
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	857.01	371.51	1,228.52	2,117.07	946.85	3,063.92