2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local HDHP; No Dental - P17

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	581.09	45.13	626.22	1,427.27	114.03	1,541.30
	PHYSICIANS PLUS	581.09	22.23	603.32	1,427.27	56.83	1,484.10
3	SECURITY HEALTH PLAN - CENTRAL	581.09	314.33	895.42	1,427.27	787.03	2,214.30
	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
	WEA TRUST - EAST	581.09	119.03	700.12	1,427.27	298.83	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	581.09	464.49	1,045.58	1,427.27	1,180.65	2,607.92
ASHLAND							
	GHC OF EAU CLAIRE	747.73	16.59	764.32	1,843.91	42.69	1,886.60
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	747.73	147.69	895.42	1,843.91	370.39	2,214.30
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	747.73	143.69	891.42	1,843.91	360.39	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	747.73	297.85	1,045.58	1,843.91	764.01	2,607.92
BARRON							
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	HUMANA - WESTERN	747.73	301.59	1,049.32	1,843.91	755.19	2,599.10
3	SECURITY HEALTH PLAN - CENTRAL	747.73	147.69	895.42	1,843.91	370.39	2,214.30
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	747.73	143.69	891.42	1,843.91	360.39	2,204.30
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	747.73	143.69	891.42	1,843.91	360.39	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	747.73	297.85	1,045.58	1,843.91	764.01	2,607.92
BAYFIELD							
*	GHC OF EAU CLAIRE	743.04	21.28	764.32	1,848.99	37.61	1,886.60
*	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
* 3	SECURITY HEALTH PLAN - CENTRAL	743.04	152.38	895.42	1,848.99	365.31	2,214.30
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	743.04	148.38	891.42	1,848.99	355.31	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.04	302.54	1,045.58	1,848.99	758.93	2,607.92
	STATE MAINTENANCE PLAN (SMP) WPE	707.66	-	707.66	1,760.94	-	1,760.94
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	598.12	-	598.12	1,471.10	-	1,471.10
3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
	DEAN HEALTH INSURANCE - PREVEA360	605.82	-	605.82	1,490.30	-	1,490.30
3	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
3	SECURITY HEALTH PLAN - VALLEY	628.03	267.39	895.42	1,544.66	669.64	2,214.30
	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
	WEA TRUST - EAST	628.03	72.09	700.12	1,544.66	181.44	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	560.12	-	560.12	1,376.10	-	1,376.10
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	743.04	148.38	891.42	1,848.99	355.31	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.04	302.54	1,045.58	1,848.99	758.93	2,607.92
	STATE MAINTENANCE PLAN (SMP) WPE	707.66	-	707.66	1,760.94	-	1,760.94

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LCQP

IYC Local HDHP; No Dental - P17

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	747.73	16.59	764.32	1,843.91	42.69	1,886.60
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	747.73	147.69	895.42	1,843.91	370.39	2,214.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	747.73	297.85	1,045.58	1,843.91	764.01	2,607.92
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	598.12	-	598.12	1,471.10	-	1,471.10
* 3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
3	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
*	WEA TRUST - EAST	628.03	72.09	700.12	1,544.66	181.44	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	551.12	-	551.12	1,353.60	-	1,353.60
	HEALTHPARTNERS HEALTH PLAN	578.68	133.44	712.12	1,421.28	334.82	1,756.10
3	HUMANA - WESTERN	578.68	470.64	1,049.32	1,421.28	1,177.82	2,599.10
3	SECURITY HEALTH PLAN - CENTRAL	578.68	316.74	895.42	1,421.28	793.02	2,214.30
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	578.68	312.74	891.42	1,421.28	783.02	2,204.30
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	578.68	312.74	891.42	1,421.28	783.02	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	578.68	466.90	1,045.58	1,421.28	1,186.64	2,607.92
CLARK							
* 3	ARISE HEALTH PLAN	747.73	146.29	894.02	1,843.91	366.89	2,210.80
	GHC OF EAU CLAIRE	747.73	16.59	764.32	1,843.91	42.69	1,886.60
*	GUNDERSEN HEALTH PLAN	551.12	-	551.12	1,353.60	-	1,353.60
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	747.73	147.69	895.42	1,843.91	370.39	2,214.30
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	747.73	143.69	891.42	1,843.91	360.39	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	747.73	297.85	1,045.58	1,843.91	764.01	2,607.92
COLUMBIA							
3	ARISE HEALTH PLAN	578.78	315.24	894.02	1,421.49	789.31	2,210.80
	DEAN HEALTH INSURANCE	578.78	47.44	626.22	1,421.49	119.81	1,541.30
	GHC OF SOUTH CENTRAL WISCONSIN	551.22	-	551.22	1,353.80	-	1,353.80
	PHYSICIANS PLUS	578.78	24.54	603.32	1,421.49	62.61	1,484.10
	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
	WEA TRUST - EAST	578.78	121.34	700.12	1,421.49	304.61	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	578.78	466.80	1,045.58	1,421.49	1,186.43	2,607.92
CRAWFORD							
* 3	ARISE HEALTH PLAN	538.36	355.66	894.02	1,320.48	890.32	2,210.80
	GUNDERSEN HEALTH PLAN	538.36	12.76	551.12	1,320.48	33.12	1,353.60
	HEALTH TRADITION HEALTH PLAN	538.36	21.76	560.12	1,320.48	55.62	1,376.10
	HEALTHPARTNERS HEALTH PLAN	538.36	173.76	712.12	1,320.48	435.62	1,756.10
	MEDICAL ASSOCIATES HEALTH PLANS	512.72	-	512.72	1,257.60	-	1,257.60
*	UNITY HEALTH INSURANCE - COMMUNITY	538.36	15.06	553.42	1,320.48	38.82	1,359.30
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	538.36	353.06	891.42	1,320.48	883.82	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	538.36	507.22	1,045.58	1,320.48	1,287.44	2,607.92

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LCQP

IYC Local HDHP; No Dental - P17

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	520.30	105.92	626.22	1,275.33	265.97	1,541.30
	GHC OF SOUTH CENTRAL WISCONSIN	520.30	30.92	551.22	1,275.33	78.47	1,353.80
	PHYSICIANS PLUS	520.30	83.02	603.32	1,275.33	208.77	1,484.10
	UNITY HEALTH INSURANCE - UW HEALTH	495.52	-	495.52	1,214.60	-	1,214.60
3	IYC ACCESS HEALTH PLAN - DANE	520.30	446.64	966.94	1,275.33	1,136.01	2,411.34
DODGE							
3	ARISE HEALTH PLAN	581.09	312.93	894.02	1,427.27	783.53	2,210.80
	DEAN HEALTH INSURANCE	581.09	45.13	626.22	1,427.27	114.03	1,541.30
3	HUMANA - EASTERN	581.09	328.83	909.92	1,427.27	823.33	2,250.60
	NETWORK HEALTH - NORTHEAST	581.09	43.33	624.42	1,427.27	109.53	1,536.80
	PHYSICIANS PLUS	581.09	22.23	603.32	1,427.27	56.83	1,484.10
	UNITEDHEALTHCARE OF WISCONSIN	581.09	181.83	762.92	1,427.27	455.83	1,883.10
	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
	WEA TRUST - EAST	581.09	119.03	700.12	1,427.27	298.83	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	581.09	464.49	1,045.58	1,427.27	1,180.65	2,607.92
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	598.12	-	598.12	1,471.10	-	1,471.10
3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
*	DEAN HEALTH INSURANCE - PREVEA360	605.82	-	605.82	1,490.30	-	1,490.30
3	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
	WEA TRUST - EAST	628.03	72.09	700.12	1,544.66	181.44	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92
DOUGLAS							
	GHC OF EAU CLAIRE	747.73	16.59	764.32	1,843.91	42.69	1,886.60
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	HUMANA - WESTERN	747.73	301.59	1,049.32	1,843.91	755.19	2,599.10
3	SECURITY HEALTH PLAN - CENTRAL	747.73	147.69	895.42	1,843.91	370.39	2,214.30
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	747.73	143.69	891.42	1,843.91	360.39	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	747.73	297.85	1,045.58	1,843.91	764.01	2,607.92
DUNN							
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	HUMANA - WESTERN	747.73	301.59	1,049.32	1,843.91	755.19	2,599.10
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	747.73	143.69	891.42	1,843.91	360.39	2,204.30
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	747.73	143.69	891.42	1,843.91	360.39	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	747.73	297.85	1,045.58	1,843.91	764.01	2,607.92

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LCQP

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105% of the Low Cost Qualified Plan (LCQP)

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
EAU CLAIRE							
* 3	ARISE HEALTH PLAN	578.68	315.34	894.02	1,421.28	789.52	2,210.80
	GUNDERSEN HEALTH PLAN	551.12	-	551.12	1,353.60	-	1,353.60
	HEALTHPARTNERS HEALTH PLAN	578.68	133.44	712.12	1,421.28	334.82	1,756.10
3	HUMANA - WESTERN	578.68	470.64	1,049.32	1,421.28	1,177.82	2,599.10
3	SECURITY HEALTH PLAN - CENTRAL	578.68	316.74	895.42	1,421.28	793.02	2,214.30
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	578.68	312.74	891.42	1,421.28	783.02	2,204.30
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	578.68	312.74	891.42	1,421.28	783.02	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	578.68	466.90	1,045.58	1,421.28	1,186.64	2,607.92
FLORENCE							
* 3	ARISE HEALTH PLAN	743.04	150.98	894.02	1,848.99	361.81	2,210.80
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.04	302.54	1,045.58	1,848.99	758.93	2,607.92
	STATE MAINTENANCE PLAN (SMP) WPE	707.66	-	707.66	1,760.94	-	1,760.94
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	581.09	17.03	598.12	1,427.27	43.83	1,471.10
3	ARISE HEALTH PLAN	581.09	312.93	894.02	1,427.27	783.53	2,210.80
	DEAN HEALTH INSURANCE	581.09	45.13	626.22	1,427.27	114.03	1,541.30
3	HUMANA - EASTERN	581.09	328.83	909.92	1,427.27	823.33	2,250.60
	NETWORK HEALTH - NORTHEAST	581.09	43.33	624.42	1,427.27	109.53	1,536.80
	UNITEDHEALTHCARE OF WISCONSIN	581.09	181.83	762.92	1,427.27	455.83	1,883.10
	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
	WEA TRUST - EAST	581.09	119.03	700.12	1,427.27	298.83	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	581.09	464.49	1,045.58	1,427.27	1,180.65	2,607.92
FOREST							
* 3	ARISE HEALTH PLAN	743.04	150.98	894.02	1,848.99	361.81	2,210.80
* 3	SECURITY HEALTH PLAN - CENTRAL	743.04	152.38	895.42	1,848.99	365.31	2,214.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.04	302.54	1,045.58	1,848.99	758.93	2,607.92
	STATE MAINTENANCE PLAN (SMP) WPE	707.66	-	707.66	1,760.94	-	1,760.94
GRANT							
* 3	ARISE HEALTH PLAN	538.36	355.66	894.02	1,320.48	890.32	2,210.80
	DEAN HEALTH INSURANCE	538.36	87.86	626.22	1,320.48	220.82	1,541.30
	GUNDERSEN HEALTH PLAN	538.36	12.76	551.12	1,320.48	33.12	1,353.60
	HEALTH TRADITION HEALTH PLAN	538.36	21.76	560.12	1,320.48	55.62	1,376.10
	MEDICAL ASSOCIATES HEALTH PLANS	512.72	-	512.72	1,257.60	-	1,257.60
	PHYSICIANS PLUS	538.36	64.96	603.32	1,320.48	163.62	1,484.10
	UNITY HEALTH INSURANCE - COMMUNITY	538.36	15.06	553.42	1,320.48	38.82	1,359.30
3	IYC ACCESS HEALTH PLAN - DANE	538.36	428.58	966.94	1,320.48	1,090.86	2,411.34
GREEN							
	DEAN HEALTH INSURANCE	581.09	45.13	626.22	1,427.27	114.03	1,541.30
3	HUMANA - EASTERN	581.09	328.83	909.92	1,427.27	823.33	2,250.60
*	MERCYCARE HEALTH PLANS	581.09	1.33	582.42	1,427.27	4.53	1,431.80
	PHYSICIANS PLUS	581.09	22.23	603.32	1,427.27	56.83	1,484.10
	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	581.09	464.49	1,045.58	1,427.27	1,180.65	2,607.92

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LCQP

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		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
GREEN LAKE							
	ANTHEM BLUE PREFERRED NORTHEAST	598.12	-	598.12	1,471.10	-	1,471.10
3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
*	DEAN HEALTH INSURANCE	626.22	-	626.22	1,541.30	-	1,541.30
3	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
*	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
*	PHYSICIANS PLUS	603.32	-	603.32	1,484.10	-	1,484.10
3	SECURITY HEALTH PLAN - VALLEY	628.03	267.39	895.42	1,544.66	669.64	2,214.30
	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
	WEA TRUST - EAST	628.03	72.09	700.12	1,544.66	181.44	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92
IOWA							
	DEAN HEALTH INSURANCE	538.36	87.86	626.22	1,320.48	220.82	1,541.30
	MEDICAL ASSOCIATES HEALTH PLANS	512.72	-	512.72	1,257.60	-	1,257.60
	PHYSICIANS PLUS	538.36	64.96	603.32	1,320.48	163.62	1,484.10
	UNITY HEALTH INSURANCE - COMMUNITY	538.36	15.06	553.42	1,320.48	38.82	1,359.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	538.36	507.22	1,045.58	1,320.48	1,287.44	2,607.92
IRON							
*	GHC OF EAU CLAIRE	743.04	21.28	764.32	1,848.99	37.61	1,886.60
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	743.04	148.38	891.42	1,848.99	355.31	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.04	302.54	1,045.58	1,848.99	758.93	2,607.92
	STATE MAINTENANCE PLAN (SMP) WPE	707.66	-	707.66	1,760.94	-	1,760.94
JACKSON							
	GUNDERSEN HEALTH PLAN	551.12	-	551.12	1,353.60	-	1,353.60
	HEALTH TRADITION HEALTH PLAN	560.12	-	560.12	1,376.10	-	1,376.10
	HEALTHPARTNERS HEALTH PLAN	578.68	133.44	712.12	1,421.28	334.82	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	578.68	316.74	895.42	1,421.28	793.02	2,214.30
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	578.68	312.74	891.42	1,421.28	783.02	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	578.68	466.90	1,045.58	1,421.28	1,186.64	2,607.92
JEFFERSON							
* 3	ARISE HEALTH PLAN	581.09	312.93	894.02	1,427.27	783.53	2,210.80
	DEAN HEALTH INSURANCE	581.09	45.13	626.22	1,427.27	114.03	1,541.30
3	HUMANA - EASTERN	581.09	328.83	909.92	1,427.27	823.33	2,250.60
	MERCYCARE HEALTH PLANS	581.09	1.33	582.42	1,427.27	4.53	1,431.80
	PHYSICIANS PLUS	581.09	22.23	603.32	1,427.27	56.83	1,484.10
	UNITEDHEALTHCARE OF WISCONSIN	581.09	181.83	762.92	1,427.27	455.83	1,883.10
	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
	WEA TRUST - EAST	581.09	119.03	700.12	1,427.27	298.83	1,726.10
3	IYC ACCESS HEALTH PLAN - DANE	581.09	385.85	966.94	1,427.27	984.07	2,411.34

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local HDHP; No Dental - P17

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	578.68	315.34	894.02	1,421.28	789.52	2,210.80
*	DEAN HEALTH INSURANCE	578.68	47.54	626.22	1,421.28	120.02	1,541.30
	GUNDERSEN HEALTH PLAN	551.12	-	551.12	1,353.60	-	1,353.60
	HEALTH TRADITION HEALTH PLAN	560.12	-	560.12	1,376.10	-	1,376.10
	PHYSICIANS PLUS	578.68	24.64	603.32	1,421.28	62.82	1,484.10
3	SECURITY HEALTH PLAN - CENTRAL	578.68	316.74	895.42	1,421.28	793.02	2,214.30
	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
	WEA TRUST - EAST	578.68	121.44	700.12	1,421.28	304.82	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	578.68	466.90	1,045.58	1,421.28	1,186.64	2,607.92
KENOSHA							
3	ARISE HEALTH PLAN	801.07	92.95	894.02	1,977.26	233.54	2,210.80
3	HUMANA - EASTERN	801.07	108.85	909.92	1,977.26	273.34	2,250.60
	UNITEDHEALTHCARE OF WISCONSIN	762.92	-	762.92	1,883.10	-	1,883.10
3	IYC ACCESS HEALTH PLAN - WAUKESHA	801.07	244.51	1,045.58	1,977.26	630.66	2,607.92
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	598.12	-	598.12	1,471.10	-	1,471.10
3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
*	DEAN HEALTH INSURANCE - PREVEA360	605.82	-	605.82	1,490.30	-	1,490.30
3 *	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
*	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
3 *	SECURITY HEALTH PLAN - VALLEY	628.03	267.39	895.42	1,544.66	669.64	2,214.30
	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
	WEA TRUST - EAST	628.03	72.09	700.12	1,544.66	181.44	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92
LACROSSE							
* 3	ARISE HEALTH PLAN	578.68	315.34	894.02	1,421.28	789.52	2,210.80
	GUNDERSEN HEALTH PLAN	551.12	-	551.12	1,353.60	-	1,353.60
	HEALTH TRADITION HEALTH PLAN	560.12	-	560.12	1,376.10	-	1,376.10
	HEALTHPARTNERS HEALTH PLAN	578.68	133.44	712.12	1,421.28	334.82	1,756.10
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	578.68	312.74	891.42	1,421.28	783.02	2,204.30
3	IYC ACCESS HEALTH PLAN - DANE	578.68	388.26	966.94	1,421.28	990.06	2,411.34
LAFAYETTE							
*	DEAN HEALTH INSURANCE	538.36	87.86	626.22	1,320.48	220.82	1,541.30
	MEDICAL ASSOCIATES HEALTH PLANS	512.72	-	512.72	1,257.60	-	1,257.60
	PHYSICIANS PLUS	538.36	64.96	603.32	1,320.48	163.62	1,484.10
*	UNITY HEALTH INSURANCE - COMMUNITY	538.36	15.06	553.42	1,320.48	38.82	1,359.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	538.36	507.22	1,045.58	1,320.48	1,287.44	2,607.92
LANGLADE							
3	ARISE HEALTH PLAN	802.54	91.48	894.02	1,980.93	229.87	2,210.80
	GHC OF EAU CLAIRE	764.32	-	764.32	1,886.60	-	1,886.60
*	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	802.54	92.88	895.42	1,980.93	233.37	2,214.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	802.54	243.04	1,045.58	1,980.93	626.99	2,607.92

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local HDHP; No Dental - P17

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	747.73	146.29	894.02	1,843.91	366.89	2,210.80
	GHC OF EAU CLAIRE	747.73	16.59	764.32	1,843.91	42.69	1,886.60
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	747.73	147.69	895.42	1,843.91	370.39	2,214.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	747.73	297.85	1,045.58	1,843.91	764.01	2,607.92
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	598.12	-	598.12	1,471.10	-	1,471.10
3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
	DEAN HEALTH INSURANCE - PREVEA360	605.82	-	605.82	1,490.30	-	1,490.30
3	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
	WEA TRUST - EAST	628.03	72.09	700.12	1,544.66	181.44	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92
MARATHON							
3	ARISE HEALTH PLAN	735.13	158.89	894.02	1,812.41	398.39	2,210.80
	GHC OF EAU CLAIRE	735.13	29.19	764.32	1,812.41	74.19	1,886.60
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	735.13	160.29	895.42	1,812.41	401.89	2,214.30
	WEA TRUST - EAST	700.12	-	700.12	1,726.10	-	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	735.13	310.45	1,045.58	1,812.41	795.51	2,607.92
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	598.12	-	598.12	1,471.10	-	1,471.10
3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
*	DEAN HEALTH INSURANCE - PREVEA360	605.82	-	605.82	1,490.30	-	1,490.30
3	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
*	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92
MARQUETTE							
* 3	ARISE HEALTH PLAN	633.49	260.53	894.02	1,558.31	652.49	2,210.80
*	DEAN HEALTH INSURANCE	626.22	-	626.22	1,541.30	-	1,541.30
	PHYSICIANS PLUS	603.32	-	603.32	1,484.10	-	1,484.10
* 3	SECURITY HEALTH PLAN - VALLEY	633.49	261.93	895.42	1,558.31	655.99	2,214.30
*	UNITEDHEALTHCARE OF WISCONSIN	633.49	129.43	762.92	1,558.31	324.79	1,883.10
*	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
	WEA TRUST - EAST	633.49	66.63	700.12	1,558.31	167.79	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	633.49	412.09	1,045.58	1,558.31	1,049.61	2,607.92
MENOMINEE							
* 3	ARISE HEALTH PLAN	743.04	150.98	894.02	1,848.99	361.81	2,210.80
*	WEA TRUST - EAST	700.12	-	700.12	1,726.10	-	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.04	302.54	1,045.58	1,848.99	758.93	2,607.92
	STATE MAINTENANCE PLAN (SMP) WPE	707.66	-	707.66	1,760.94	-	1,760.94

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LCQP

IYC Local HDHP; No Dental - P17

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	665.72	228.30	894.02	1,638.84	571.96	2,210.80
3	HUMANA - EASTERN	665.72	244.20	909.92	1,638.84	611.76	2,250.60
	NETWORK HEALTH - SOUTHEAST	634.02	-	634.02	1,560.80	-	1,560.80
	UNITEDHEALTHCARE OF WISCONSIN	665.72	97.20	762.92	1,638.84	244.26	1,883.10
	WEA TRUST - EAST	665.72	34.40	700.12	1,638.84	87.26	1,726.10
3	IYC ACCESS HEALTH PLAN - MILWAUKEE	665.72	468.16	1,133.88	1,638.84	1,189.78	2,828.62
MONROE							
* 3	ARISE HEALTH PLAN	578.68	315.34	894.02	1,421.28	789.52	2,210.80
	GUNDERSEN HEALTH PLAN	551.12	-	551.12	1,353.60	-	1,353.60
	HEALTH TRADITION HEALTH PLAN	560.12	-	560.12	1,376.10	-	1,376.10
	HEALTHPARTNERS HEALTH PLAN	578.68	133.44	712.12	1,421.28	334.82	1,756.10
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	578.68	312.74	891.42	1,421.28	783.02	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	578.68	466.90	1,045.58	1,421.28	1,186.64	2,607.92
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	598.12	-	598.12	1,471.10	-	1,471.10
3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
	DEAN HEALTH INSURANCE - PREVEA360	605.82	-	605.82	1,490.30	-	1,490.30
3	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
3	SECURITY HEALTH PLAN - VALLEY	628.03	267.39	895.42	1,544.66	669.64	2,214.30
*	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
	WEA TRUST - EAST	628.03	72.09	700.12	1,544.66	181.44	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92
ONEIDA							
* 3	ARISE HEALTH PLAN	747.73	146.29	894.02	1,843.91	366.89	2,210.80
	GHC OF EAU CLAIRE	747.73	16.59	764.32	1,843.91	42.69	1,886.60
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	747.73	147.69	895.42	1,843.91	370.39	2,214.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	747.73	297.85	1,045.58	1,843.91	764.01	2,607.92
OUTAGAMIE							
	ANTHEM BLUE PREFERRED NORTHEAST	598.12	-	598.12	1,471.10	-	1,471.10
3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
*	DEAN HEALTH INSURANCE - PREVEA360	605.82	-	605.82	1,490.30	-	1,490.30
3	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
3	SECURITY HEALTH PLAN - VALLEY	628.03	267.39	895.42	1,544.66	669.64	2,214.30
	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
	WEA TRUST - EAST	628.03	72.09	700.12	1,544.66	181.44	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local HDHP; No Dental - P17

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	665.72	228.30	894.02	1,638.84	571.96	2,210.80
3	HUMANA - EASTERN	665.72	244.20	909.92	1,638.84	611.76	2,250.60
	NETWORK HEALTH - SOUTHEAST	634.02	-	634.02	1,560.80	-	1,560.80
	UNITEDHEALTHCARE OF WISCONSIN	665.72	97.20	762.92	1,638.84	244.26	1,883.10
	WEA TRUST - EAST	665.72	34.40	700.12	1,638.84	87.26	1,726.10
3	IYC ACCESS HEALTH PLAN - WAUKESHA	665.72	379.86	1,045.58	1,638.84	969.08	2,607.92
PEPIN							
*	HEALTH TRADITION HEALTH PLAN	560.12	-	560.12	1,376.10	-	1,376.10
*	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
* 3	HUMANA - WESTERN	743.04	306.28	1,049.32	1,848.99	750.11	2,599.10
* 3	SECURITY HEALTH PLAN - CENTRAL	743.04	152.38	895.42	1,848.99	365.31	2,214.30
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	743.04	148.38	891.42	1,848.99	355.31	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.04	302.54	1,045.58	1,848.99	758.93	2,607.92
	STATE MAINTENANCE PLAN (SMP) WPE	707.66	247.19	707.66	1,760.94	617.08	1,760.94
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3 *	HUMANA - WESTERN	747.73	301.59	1,049.32	1,843.91	755.19	2,599.10
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	747.73	143.69	891.42	1,843.91	360.39	2,204.30
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	747.73	143.69	891.42	1,843.91	360.39	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	747.73	297.85	1,045.58	1,843.91	764.01	2,607.92
POLK							
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	HUMANA - WESTERN	747.73	301.59	1,049.32	1,843.91	755.19	2,599.10
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	747.73	143.69	891.42	1,843.91	360.39	2,204.30
3	IYC ACCESS HEALTH PLAN - DANE	747.73	219.21	966.94	1,843.91	567.43	2,411.34
PORTAGE							
* 3	ARISE HEALTH PLAN	735.13	158.89	894.02	1,812.41	398.39	2,210.80
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
*	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
3	SECURITY HEALTH PLAN - CENTRAL	735.13	160.29	895.42	1,812.41	401.89	2,214.30
	WEA TRUST - EAST	700.12	-	700.12	1,726.10	-	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	735.13	310.45	1,045.58	1,812.41	795.51	2,607.92
PRICE							
* 3	ARISE HEALTH PLAN	802.54	91.48	894.02	1,980.93	229.87	2,210.80
	GHC OF EAU CLAIRE	764.32	-	764.32	1,886.60	-	1,886.60
*	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	802.54	92.88	895.42	1,980.93	233.37	2,214.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	802.54	243.04	1,045.58	1,980.93	626.99	2,607.92
RACINE							
3 *	ARISE HEALTH PLAN	665.72	228.30	894.02	1,638.84	571.96	2,210.80
3	HUMANA - EASTERN	665.72	244.20	909.92	1,638.84	611.76	2,250.60
	NETWORK HEALTH - SOUTHEAST	634.02	-	634.02	1,560.80	-	1,560.80
	UNITEDHEALTHCARE OF WISCONSIN	665.72	97.20	762.92	1,638.84	244.26	1,883.10
3	IYC ACCESS HEALTH PLAN - WAUKESHA	665.72	379.86	1,045.58	1,638.84	969.08	2,607.92

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LCQP

IYC Local HDHP; No Dental - P17

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	578.68	47.54	626.22	1,421.28	120.02	1,541.30
	GUNDERSEN HEALTH PLAN	551.12	-	551.12	1,353.60	-	1,353.60
	HEALTH TRADITION HEALTH PLAN	560.12	-	560.12	1,376.10	-	1,376.10
	PHYSICIANS PLUS	578.68	24.64	603.32	1,421.28	62.82	1,484.10
	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	578.68	466.90	1,045.58	1,421.28	1,186.64	2,607.92
ROCK							
	DEAN HEALTH INSURANCE	581.09	45.13	626.22	1,427.27	114.03	1,541.30
3	HUMANA - EASTERN	581.09	328.83	909.92	1,427.27	823.33	2,250.60
	MERCYCARE HEALTH PLANS	581.09	1.33	582.42	1,427.27	4.53	1,431.80
*	PHYSICIANS PLUS	581.09	22.23	603.32	1,427.27	56.83	1,484.10
	UNITEDHEALTHCARE OF WISCONSIN	581.09	181.83	762.92	1,427.27	455.83	1,883.10
	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
	WEA TRUST - EAST	581.09	119.03	700.12	1,427.27	298.83	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	581.09	464.49	1,045.58	1,427.27	1,180.65	2,607.92
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	743.04	152.38	895.42	1,848.99	365.31	2,214.30
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	743.04	148.38	891.42	1,848.99	355.31	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.04	302.54	1,045.58	1,848.99	758.93	2,607.92
	STATE MAINTENANCE PLAN (SMP) WPE	707.66	-	707.66	1,760.94	-	1,760.94
SAUK							
	DEAN HEALTH INSURANCE	578.68	47.54	626.22	1,421.28	120.02	1,541.30
	GHC OF SOUTH CENTRAL WISCONSIN	551.22	-	551.22	1,353.80	-	1,353.80
	GUNDERSEN HEALTH PLAN	551.12	-	551.12	1,353.60	-	1,353.60
	HEALTH TRADITION HEALTH PLAN	560.12	-	560.12	1,376.10	-	1,376.10
	PHYSICIANS PLUS	578.68	24.64	603.32	1,421.28	62.82	1,484.10
	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	578.68	466.90	1,045.58	1,421.28	1,186.64	2,607.92
SAWYER							
	GHC OF EAU CLAIRE	747.73	16.59	764.32	1,843.91	42.69	1,886.60
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	747.73	147.69	895.42	1,843.91	370.39	2,214.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	747.73	297.85	1,045.58	1,843.91	764.01	2,607.92
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	598.12	-	598.12	1,471.10	-	1,471.10
3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
3	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
*	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
* 3	SECURITY HEALTH PLAN - CENTRAL	628.03	267.39	895.42	1,544.66	669.64	2,214.30
3	SECURITY HEALTH PLAN - VALLEY	628.03	267.39	895.42	1,544.66	669.64	2,214.30
	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
	WEA TRUST - EAST	628.03	72.09	700.12	1,544.66	181.44	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local HDHP; No Dental - P17

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	598.12	-	598.12	1,471.10	-	1,471.10
3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
	DEAN HEALTH INSURANCE - PREVEA360	605.82	-	605.82	1,490.30	-	1,490.30
3	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
	WEA TRUST - EAST	628.03	72.09	700.12	1,544.66	181.44	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	HUMANA - WESTERN	747.73	301.59	1,049.32	1,843.91	755.19	2,599.10
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	747.73	143.69	891.42	1,843.91	360.39	2,204.30
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	747.73	143.69	891.42	1,843.91	360.39	2,204.30
3	IYC ACCESS HEALTH PLAN - DANE	747.73	219.21	966.94	1,843.91	567.43	2,411.34
TAYLOR							
3	ARISE HEALTH PLAN	802.54	91.48	894.02	1,980.93	229.87	2,210.80
	GHC OF EAU CLAIRE	764.32	-	764.32	1,886.60	-	1,886.60
*	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	802.54	92.88	895.42	1,980.93	233.37	2,214.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	802.54	243.04	1,045.58	1,980.93	626.99	2,607.92
TREMPEALEAU							
3	ARISE HEALTH PLAN	578.68	315.34	894.02	1,421.28	789.52	2,210.80
	GUNDERSEN HEALTH PLAN	551.12	-	551.12	1,353.60	-	1,353.60
	HEALTH TRADITION HEALTH PLAN	560.12	-	560.12	1,376.10	-	1,376.10
*	HEALTHPARTNERS HEALTH PLAN	578.68	133.44	712.12	1,421.28	334.82	1,756.10
3 *	SECURITY HEALTH PLAN - CENTRAL	578.68	316.74	895.42	1,421.28	793.02	2,214.30
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	578.68	312.74	891.42	1,421.28	783.02	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	578.68	466.90	1,045.58	1,421.28	1,186.64	2,607.92
VERNON							
* 3	ARISE HEALTH PLAN	578.68	315.34	894.02	1,421.28	789.52	2,210.80
*	DEAN HEALTH INSURANCE	578.68	47.54	626.22	1,421.28	120.02	1,541.30
	GUNDERSEN HEALTH PLAN	551.12	-	551.12	1,353.60	-	1,353.60
	HEALTH TRADITION HEALTH PLAN	560.12	-	560.12	1,376.10	-	1,376.10
*	PHYSICIANS PLUS	578.68	24.64	603.32	1,421.28	62.82	1,484.10
	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	578.68	312.74	891.42	1,421.28	783.02	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	578.68	466.90	1,045.58	1,421.28	1,186.64	2,607.92
VILAS							
* 3	ARISE HEALTH PLAN	743.04	150.98	894.02	1,848.99	361.81	2,210.80
*	GHC OF EAU CLAIRE	743.04	21.28	764.32	1,848.99	37.61	1,886.60
*	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	743.04	152.38	895.42	1,848.99	365.31	2,214.30
3 *	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	743.04	302.54	1,045.58	1,848.99	758.93	2,607.92
	STATE MAINTENANCE PLAN (SMP) WPE	707.66	-	707.66	1,760.94	-	1,760.94

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local HDHP; No Dental - P17

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	581.09	312.93	894.02	1,427.27	783.53	2,210.80
*	DEAN HEALTH INSURANCE	581.09	45.13	626.22	1,427.27	114.03	1,541.30
3	HUMANA - EASTERN	581.09	328.83	909.92	1,427.27	823.33	2,250.60
	MERCYCARE HEALTH PLANS	581.09	1.33	582.42	1,427.27	4.53	1,431.80
*	PHYSICIANS PLUS	581.09	22.23	603.32	1,427.27	56.83	1,484.10
	UNITEDHEALTHCARE OF WISCONSIN	581.09	181.83	762.92	1,427.27	455.83	1,883.10
	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
	WEA TRUST - EAST	581.09	119.03	700.12	1,427.27	298.83	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	581.09	464.49	1,045.58	1,427.27	1,180.65	2,607.92
WASHBURN							
	GHC OF EAU CLAIRE	747.73	16.59	764.32	1,843.91	42.69	1,886.60
	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
3	SECURITY HEALTH PLAN - CENTRAL	747.73	147.69	895.42	1,843.91	370.39	2,214.30
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	747.73	143.69	891.42	1,843.91	360.39	2,204.30
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	747.73	297.85	1,045.58	1,843.91	764.01	2,607.92
WASHINGTON							
3	ARISE HEALTH PLAN	665.72	228.30	894.02	1,638.84	571.96	2,210.80
3	HUMANA - EASTERN	665.72	244.20	909.92	1,638.84	611.76	2,250.60
	NETWORK HEALTH - SOUTHEAST	634.02	-	634.02	1,560.80	-	1,560.80
	UNITEDHEALTHCARE OF WISCONSIN	665.72	97.20	762.92	1,638.84	244.26	1,883.10
	WEA TRUST - EAST	665.72	34.40	700.12	1,638.84	87.26	1,726.10
3	IYC ACCESS HEALTH PLAN - WAUKESHA	665.72	379.86	1,045.58	1,638.84	969.08	2,607.92
WAUKESHA							
3	ARISE HEALTH PLAN	581.09	312.93	894.02	1,427.27	783.53	2,210.80
	DEAN HEALTH INSURANCE	581.09	45.13	626.22	1,427.27	114.03	1,541.30
3	HUMANA - EASTERN	581.09	328.83	909.92	1,427.27	823.33	2,250.60
	NETWORK HEALTH - SOUTHEAST	581.09	52.93	634.02	1,427.27	133.53	1,560.80
*	PHYSICIANS PLUS	581.09	22.23	603.32	1,427.27	56.83	1,484.10
	UNITEDHEALTHCARE OF WISCONSIN	581.09	181.83	762.92	1,427.27	455.83	1,883.10
	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
	WEA TRUST - EAST	581.09	119.03	700.12	1,427.27	298.83	1,726.10
3	IYC ACCESS HEALTH PLAN - WAUKESHA	581.09	464.49	1,045.58	1,427.27	1,180.65	2,607.92
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	598.12	-	598.12	1,471.10	-	1,471.10
3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
3	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
*	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
3 *	SECURITY HEALTH PLAN - CENTRAL	628.03	267.39	895.42	1,544.66	669.64	2,214.30
3	SECURITY HEALTH PLAN - VALLEY	628.03	267.39	895.42	1,544.66	669.64	2,214.30
	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
	WEA TRUST - EAST	628.03	72.09	700.12	1,544.66	181.44	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local HDHP; No Dental - P17

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	598.12	-	598.12	1,471.10	-	1,471.10
3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
3	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
*	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
	PHYSICIANS PLUS	603.32	-	603.32	1,484.10	-	1,484.10
3	SECURITY HEALTH PLAN - VALLEY	628.03	267.39	895.42	1,544.66	669.64	2,214.30
	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
	WEA TRUST - EAST	628.03	72.09	700.12	1,544.66	181.44	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	598.12	-	598.12	1,471.10	-	1,471.10
3	ARISE HEALTH PLAN	628.03	265.99	894.02	1,544.66	666.14	2,210.80
3	HUMANA - EASTERN	628.03	281.89	909.92	1,544.66	705.94	2,250.60
	NETWORK HEALTH - NORTHEAST	624.42	-	624.42	1,536.80	-	1,536.80
* 3	SECURITY HEALTH PLAN - VALLEY	628.03	267.39	895.42	1,544.66	669.64	2,214.30
	UNITEDHEALTHCARE OF WISCONSIN	628.03	134.89	762.92	1,544.66	338.44	1,883.10
	WEA TRUST - EAST	628.03	72.09	700.12	1,544.66	181.44	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	628.03	417.55	1,045.58	1,544.66	1,063.26	2,607.92
WOOD							
3	ARISE HEALTH PLAN	735.13	158.89	894.02	1,812.41	398.39	2,210.80
*	HEALTHPARTNERS HEALTH PLAN	712.12	-	712.12	1,756.10	-	1,756.10
*	PHYSICIANS PLUS	603.32	-	603.32	1,484.10	-	1,484.10
3	SECURITY HEALTH PLAN - CENTRAL	735.13	160.29	895.42	1,812.41	401.89	2,214.30
*	UNITY HEALTH INSURANCE - COMMUNITY	553.42	-	553.42	1,359.30	-	1,359.30
	WEA TRUST - EAST	700.12	-	700.12	1,726.10	-	1,726.10
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	735.13	310.45	1,045.58	1,812.41	795.51	2,607.92