

## 2013 Wisconsin Public Employers - Employer Share of Premiums

<sup>3</sup> = Tier 3 Plan \* = Plan Not Qualified in County

LCQP

**Coinsurance HMO - Standard PPO - P06**  
 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
<b>ADAMS</b>						
DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
<sup>3</sup> SECURITY HEALTH PLAN	531.83	531.67	1063.50	1324.58	1329.42	2654.00
WEA TRUST EAST	531.83	233.87	765.70	1324.58	584.92	1909.50
PHYSICIANS PLUS	531.83	46.27	578.10	1324.58	115.92	1440.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	531.83	475.07	1006.90	1324.58	1187.72	2512.30
<b>ASHLAND</b>						
<sup>3</sup> ANTHEM BCBS NORTHWEST	842.52	229.78	1072.30	2101.26	574.74	2676.00
GHC EAU CLAIRE	842.52	159.68	1002.20	2101.26	399.44	2500.70
<sup>3</sup> SECURITY HEALTH PLAN	842.52	220.98	1063.50	2101.26	552.74	2654.00
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
* HEALTHPARTNERS	800.80	0.00	800.80	1997.20	0.00	1997.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	842.52	164.38	1006.90	2101.26	411.04	2512.30
<b>BARRON</b>						
HUMANA WESTERN	842.52	203.58	1046.10	2101.26	509.24	2610.50
<sup>3</sup> SECURITY HEALTH PLAN	842.52	220.98	1063.50	2101.26	552.74	2654.00
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
WPS METRO CHOICE NW	842.52	174.28	1016.80	2101.26	435.94	2537.20
* GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	842.52	164.38	1006.90	2101.26	411.04	2512.30
<b>BAYFIELD</b>						
* ANTHEM BCBS NORTHWEST	746.24	326.06	1072.30	1861.02	814.98	2676.00
* GHC EAU CLAIRE	746.24	255.96	1002.20	1861.02	639.68	2500.70
* SECURITY HEALTH PLAN	746.24	317.26	1063.50	1861.02	792.98	2654.00
* HEALTHPARTNERS	746.24	54.56	800.80	1861.02	136.18	1997.20
* WEA TRUST NORTHWEST	746.24	56.16	802.40	1861.02	140.18	2001.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	746.24	260.66	1006.90	1861.02	651.28	2512.30
STATE MAINTENANCE PLAN	710.70	0.00	710.70	1772.40	0.00	1772.40

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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
<b>BROWN</b>						
<sup>3</sup> ANTHEM BCBS NORTHEAST	744.03	182.37	926.40	1855.04	456.16	2311.20
<sup>3</sup> HUMANA EASTERN	744.03	302.07	1046.10	1855.04	755.46	2610.50
ARISE HEALTH PLAN	744.03	157.17	901.20	1855.04	393.16	2248.20
NETWORK HEALTH PLAN	708.60	0.00	708.60	1766.70	0.00	1766.70
WEA TRUST EAST	744.03	21.67	765.70	1855.04	54.46	1909.50
UNITEDHEALTHCARE NE	744.03	17.87	761.90	1855.04	44.96	1900.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	744.03	262.87	1006.90	1855.04	657.26	2512.30
<b>BUFFALO</b>						
* HEALTH TRADITION	700.00	0.00	700.00	1745.20	0.00	1745.20
* WEA TRUST NORTHWEST	746.24	56.16	802.40	1861.02	140.18	2001.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	746.24	260.66	1006.90	1861.02	651.28	2512.30
STATE MAINTENANCE PLAN	710.70	0.00	710.70	1772.40	0.00	1772.40
<b>BURNETT</b>						
GHC EAU CLAIRE	840.84	161.36	1002.20	2097.06	403.64	2500.70
HEALTHPARTNERS	800.80	0.00	800.80	1997.20	0.00	1997.20
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
WPS METRO CHOICE NW	840.84	175.96	1016.80	2097.06	440.14	2537.20
* ANTHEM BCBS NORTHWEST	840.84	231.46	1072.30	2097.06	578.94	2676.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	840.84	166.06	1006.90	2097.06	415.24	2512.30
<b>CALUMET</b>						
<sup>3</sup> ANTHEM BCBS NORTHEAST	744.03	182.37	926.40	1855.04	456.16	2311.20
<sup>3</sup> HUMANA EASTERN	744.03	302.07	1046.10	1855.04	755.46	2610.50
NETWORK HEALTH PLAN	708.60	0.00	708.60	1766.70	0.00	1766.70
UNITEDHEALTHCARE NE	744.03	17.87	761.90	1855.04	44.96	1900.00
* ARISE HEALTH PLAN	744.03	157.17	901.20	1855.04	393.16	2248.20
* WEA TRUST EAST	744.03	21.67	765.70	1855.04	54.46	1909.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	744.03	262.87	1006.90	1855.04	657.26	2512.30

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<sup>3</sup> = Tier 3 Plan \* = Plan Not Qualified in County

LCQP

**Coinsurance HMO - Standard PPO - P06**  
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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
<b>CHIPPEWA</b>						
HUMANA WESTERN	762.30	283.80	1046.10	1900.71	709.79	2610.50
GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
<sup>3</sup> SECURITY HEALTH PLAN	762.30	301.20	1063.50	1900.71	753.29	2654.00
WEA TRUST NORTHWEST	762.30	40.10	802.40	1900.71	100.49	2001.20
WPS METRO CHOICE NW	762.30	254.50	1016.80	1900.71	636.49	2537.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	762.30	244.60	1006.90	1900.71	611.59	2512.30
<b>CLARK</b>						
GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
<sup>3</sup> SECURITY HEALTH PLAN	762.30	301.20	1063.50	1900.71	753.29	2654.00
WEA TRUST NORTHWEST	762.30	40.10	802.40	1900.71	100.49	2001.20
* ARISE HEALTH PLAN	762.30	138.90	901.20	1900.71	347.49	2248.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	762.30	244.60	1006.90	1900.71	611.59	2512.30
<b>COLUMBIA</b>						
DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
PHYSICIANS PLUS	531.83	46.27	578.10	1324.58	115.92	1440.50
WEA TRUST EAST	531.83	233.87	765.70	1324.58	584.92	1909.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	531.83	475.07	1006.90	1324.58	1187.72	2512.30
<b>CRAWFORD</b>						
GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
HEALTH TRADITION	700.00	0.00	700.00	1745.20	0.00	1745.20
* UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
* MEDICAL ASSOCIATES HEALTH PLAN	709.00	0.00	709.00	1767.70	0.00	1767.70
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	735.00	271.90	1006.90	1832.46	679.84	2512.30
<b>DANE</b>						
DEAN HEALTH PLAN	507.26	109.24	616.50	1263.15	273.35	1536.50
GHC-SOUTHCENTRAL WI	507.26	42.04	549.30	1263.15	105.35	1368.50
PHYSICIANS PLUS	507.26	70.84	578.10	1263.15	177.35	1440.50
UNITY UW	483.10	0.00	483.10	1203.00	0.00	1203.00
<sup>3</sup> STANDARD PLAN - DANE	507.26	427.94	935.20	1263.15	1070.05	2333.20

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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
<b>DODGE</b>						
3 ANTHEM BCBS SOUTHEAST	531.83	491.07	1022.90	1324.58	1227.92	2552.50
DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
3 HUMANA EASTERN	531.83	514.27	1046.10	1324.58	1285.92	2610.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
NETWORK HEALTH PLAN	531.83	176.77	708.60	1324.58	442.12	1766.70
UNITEDHEALTHCARE SE	531.83	268.47	800.30	1324.58	671.42	1996.00
3 WPS METRO CHOICE SE	531.83	652.87	1184.70	1324.58	1632.42	2957.00
WEA TRUST EAST	531.83	233.87	765.70	1324.58	584.92	1909.50
* ARISE HEALTH PLAN	531.83	369.37	901.20	1324.58	923.62	2248.20
3 STANDARD PLAN - BALANCE OF STATE	531.83	475.07	1006.90	1324.58	1187.72	2512.30
<b>DOOR</b>						
3 ANTHEM BCBS NORTHEAST	744.03	182.37	926.40	1855.04	456.16	2311.20
3 HUMANA EASTERN	744.03	302.07	1046.10	1855.04	755.46	2610.50
ARISE HEALTH PLAN	744.03	157.17	901.20	1855.04	393.16	2248.20
NETWORK HEALTH PLAN	708.60	0.00	708.60	1766.70	0.00	1766.70
UNITEDHEALTHCARE NE	744.03	17.87	761.90	1855.04	44.96	1900.00
WEA TRUST EAST	744.03	21.67	765.70	1855.04	54.46	1909.50
3 STANDARD PLAN - BALANCE OF STATE	744.03	262.87	1006.90	1855.04	657.26	2512.30
<b>DOUGLAS</b>						
3 ANTHEM BCBS NORTHWEST	840.84	231.46	1072.30	2097.06	578.94	2676.00
HUMANA WESTERN	840.84	205.26	1046.10	2097.06	513.44	2610.50
GHC EAU CLAIRE	840.84	161.36	1002.20	2097.06	403.64	2500.70
3 SECURITY HEALTH PLAN	840.84	222.66	1063.50	2097.06	556.94	2654.00
HEALTHPARTNERS	800.80	0.00	800.80	1997.20	0.00	1997.20
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
3 STANDARD PLAN - BALANCE OF STATE	840.84	166.06	1006.90	2097.06	415.24	2512.30
<b>DUNN</b>						
HUMANA WESTERN	842.52	203.58	1046.10	2101.26	509.24	2610.50
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
WPS METRO CHOICE NW	842.52	174.28	1016.80	2101.26	435.94	2537.20
3 STANDARD PLAN - BALANCE OF STATE	842.52	164.38	1006.90	2101.26	411.04	2512.30

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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
<b>EAU CLAIRE</b>						
<sup>3</sup> ANTHEM BCBS NORTHWEST	762.30	310.00	1072.30	1900.71	775.29	2676.00
HUMANA WESTERN	762.30	283.80	1046.10	1900.71	709.79	2610.50
GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
<sup>3</sup> SECURITY HEALTH PLAN	762.30	301.20	1063.50	1900.71	753.29	2654.00
WEA TRUST NORTHWEST	762.30	40.10	802.40	1900.71	100.49	2001.20
WPS METRO CHOICE NW	762.30	254.50	1016.80	1900.71	636.49	2537.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	762.30	244.60	1006.90	1900.71	611.59	2512.30
<b>FLORENCE</b>						
* ARISE HEALTH PLAN	746.24	154.96	901.20	1861.02	387.18	2248.20
* WEA TRUST EAST	746.24	19.46	765.70	1861.02	48.48	1909.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	746.24	260.66	1006.90	1861.02	651.28	2512.30
STATE MAINTENANCE PLAN	710.70	0.00	710.70	1772.40	0.00	1772.40
<b>FOND DU LAC</b>						
<sup>3</sup> ANTHEM BCBS NORTHEAST	531.83	394.57	926.40	1324.58	986.62	2311.20
DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
<sup>3</sup> HUMANA EASTERN	531.83	514.27	1046.10	1324.58	1285.92	2610.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
ARISE HEALTH PLAN	531.83	369.37	901.20	1324.58	923.62	2248.20
NETWORK HEALTH PLAN	531.83	176.77	708.60	1324.58	442.12	1766.70
WEA TRUST EAST	531.83	233.87	765.70	1324.58	584.92	1909.50
UNITEDHEALTHCARE NE	531.83	230.07	761.90	1324.58	575.42	1900.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	531.83	475.07	1006.90	1324.58	1187.72	2512.30
<b>FOREST</b>						
* ARISE HEALTH PLAN	746.24	154.96	901.20	1861.02	387.18	2248.20
* SECURITY HEALTH PLAN	746.24	317.26	1063.50	1861.02	792.98	2654.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	746.24	260.66	1006.90	1861.02	651.28	2512.30
STATE MAINTENANCE PLAN	710.70	0.00	710.70	1772.40	0.00	1772.40

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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
<b>GRANT</b>						
DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
GUNDERSEN LUTHERAN HEALTH PLAN	531.83	194.17	726.00	1324.58	485.62	1810.20
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
HEALTH TRADITION	531.83	168.17	700.00	1324.58	420.62	1745.20
MEDICAL ASSOCIATES HEALTH PLAN	531.83	177.17	709.00	1324.58	443.12	1767.70
PHYSICIANS PLUS	531.83	46.27	578.10	1324.58	115.92	1440.50
<sup>3</sup> STANDARD PLAN - DANE	531.83	403.37	935.20	1324.58	1008.62	2333.20
<b>GREEN</b>						
DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
<sup>3</sup> HUMANA EASTERN	531.83	514.27	1046.10	1324.58	1285.92	2610.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
* MERCYCARE HEALTH PLAN	530.90	0.00	530.90	1322.50	0.00	1322.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	531.83	475.07	1006.90	1324.58	1187.72	2512.30
<b>GREEN LAKE</b>						
<sup>3</sup> ANTHEM BCBS NORTHEAST	744.03	182.37	926.40	1855.04	456.16	2311.20
<sup>3</sup> HUMANA EASTERN	744.03	302.07	1046.10	1855.04	755.46	2610.50
NETWORK HEALTH PLAN	708.60	0.00	708.60	1766.70	0.00	1766.70
WEA TRUST EAST	744.03	21.67	765.70	1855.04	54.46	1909.50
UNITEDHEALTHCARE NE	744.03	17.87	761.90	1855.04	44.96	1900.00
* DEAN HEALTH PLAN	616.50	0.00	616.50	1536.50	0.00	1536.50
* ARISE HEALTH PLAN	744.03	157.17	901.20	1855.04	393.16	2248.20
* PHYSICIANS PLUS	578.10	0.00	578.10	1440.50	0.00	1440.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	744.03	262.87	1006.90	1855.04	657.26	2512.30
<b>IOWA</b>						
DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
MEDICAL ASSOCIATES HEALTH PLAN	531.83	177.17	709.00	1324.58	443.12	1767.70
PHYSICIANS PLUS	531.83	46.27	578.10	1324.58	115.92	1440.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	531.83	475.07	1006.90	1324.58	1187.72	2512.30
<b>IRON</b>						
* SECURITY HEALTH PLAN	746.24	317.26	1063.50	1861.02	792.98	2654.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	746.24	260.66	1006.90	1861.02	651.28	2512.30
STATE MAINTENANCE PLAN	710.70	0.00	710.70	1772.40	0.00	1772.40
<b>JACKSON</b>						
GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
HEALTH TRADITION	700.00	0.00	700.00	1745.20	0.00	1745.20
<sup>3</sup> SECURITY HEALTH PLAN	735.00	328.50	1063.50	1832.46	821.54	2654.00
WEA TRUST NORTHWEST	735.00	67.40	802.40	1832.46	168.74	2001.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	735.00	271.90	1006.90	1832.46	679.84	2512.30
<b>JEFFERSON</b>						
<sup>3</sup> ANTHEM BCBS SOUTHEAST	531.83	491.07	1022.90	1324.58	1227.92	2552.50
DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
<sup>3</sup> HUMANA EASTERN	531.83	514.27	1046.10	1324.58	1285.92	2610.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
MERCYCARE HEALTH PLAN	530.90	0.00	530.90	1322.50	0.00	1322.50

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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
UNITEHEALTHCARE SE	531.83	268.47	800.30	1324.58	671.42	1996.00
<sup>3</sup> WPS METRO CHOICE SE	531.83	652.87	1184.70	1324.58	1632.42	2957.00
WEA TRUST EAST	531.83	233.87	765.70	1324.58	584.92	1909.50
* PHYSICIANS PLUS	531.83	46.27	578.10	1324.58	115.92	1440.50
<sup>3</sup> STANDARD PLAN - DANE	531.83	403.37	935.20	1324.58	1008.62	2333.20
<b>JUNEAU</b>						
GUNDERSEN LUTHERAN HEALTH PLAN	531.83	194.17	726.00	1324.58	485.62	1810.20
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
HEALTH TRADITION	531.83	168.17	700.00	1324.58	420.62	1745.20
WEA TRUST EAST	531.83	233.87	765.70	1324.58	584.92	1909.50
* DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
* SECURITY HEALTH PLAN	531.83	531.67	1063.50	1324.58	1329.42	2654.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	531.83	475.07	1006.90	1324.58	1187.72	2512.30
<b>KENOSHA</b>						
<sup>3</sup> ANTHEM BCBS SOUTHEAST	803.99	218.91	1022.90	2004.98	547.52	2552.50
<sup>3</sup> HUMANA EASTERN	803.99	242.11	1046.10	2004.98	605.52	2610.50
UNITEHEALTHCARE SE	800.30	0.00	800.30	1996.00	0.00	1996.00
WEA TRUST EAST	765.70	0.00	765.70	1909.50	0.00	1909.50
<sup>3</sup> STANDARD PLAN - WAUKESHA	803.99	202.91	1006.90	2004.98	507.32	2512.30

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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
<b>KEWAUNEE</b>						
ARISE HEALTH PLAN	744.03	157.17	901.20	1855.04	393.16	2248.20
NETWORK HEALTH PLAN	708.60	0.00	708.60	1766.70	0.00	1766.70
WEA TRUST EAST	744.03	21.67	765.70	1855.04	54.46	1909.50
<sup>3</sup> ANTHEM BCBS NORTHEAST	744.03	182.37	926.40	1855.04	456.16	2311.20
* HUMANA EASTERN	744.03	302.07	1046.10	1855.04	755.46	2610.50
* UNITEDHEALTHCARE NE	744.03	17.87	761.90	1855.04	44.96	1900.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	744.03	262.87	1006.90	1855.04	657.26	2512.30
<b>LACROSSE</b>						
GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
HEALTH TRADITION	700.00	0.00	700.00	1745.20	0.00	1745.20
<sup>3</sup> STANDARD PLAN - DANE	735.00	200.20	935.20	1832.46	500.74	2333.20
<b>LAFAYETTE</b>						
DEAN HEALTH PLAN	616.50	0.00	616.50	1536.50	0.00	1536.50
MEDICAL ASSOCIATES HEALTH PLAN	647.33	61.67	709.00	1613.33	154.37	1767.70
* UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
* PHYSICIANS PLUS	578.10	0.00	578.10	1440.50	0.00	1440.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	647.33	359.57	1006.90	1613.33	898.97	2512.30
<b>LANGLADE</b>						
ARISE HEALTH PLAN	803.99	97.21	901.20	2004.98	243.22	2248.20
<sup>3</sup> SECURITY HEALTH PLAN	803.99	259.51	1063.50	2004.98	649.02	2654.00
WEA TRUST EAST	765.70	0.00	765.70	1909.50	0.00	1909.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	803.99	202.91	1006.90	2004.98	507.32	2512.30
<b>LINCOLN</b>						
<sup>3</sup> SECURITY HEALTH PLAN	803.99	259.51	1063.50	2004.98	649.02	2654.00
WEA TRUST EAST	765.70	0.00	765.70	1909.50	0.00	1909.50
* ARISE HEALTH PLAN	803.99	97.21	901.20	2004.98	243.22	2248.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	803.99	202.91	1006.90	2004.98	507.32	2512.30



## 2013 Wisconsin Public Employers - Employer Share of Premiums

<sup>3</sup> = Tier 3 Plan \* = Plan Not Qualified in County

LCQP

**Coinsurance HMO - Standard PPO - P06**  
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
<b>MANITOWOC</b>						
<sup>3</sup> ANTHEM BCBS NORTHEAST	744.03	182.37	926.40	1855.04	456.16	2311.20
<sup>3</sup> HUMANA EASTERN	744.03	302.07	1046.10	1855.04	755.46	2610.50
ARISE HEALTH PLAN	744.03	157.17	901.20	1855.04	393.16	2248.20
NETWORK HEALTH PLAN	708.60	0.00	708.60	1766.70	0.00	1766.70
WEA TRUST EAST	744.03	21.67	765.70	1855.04	54.46	1909.50
UNITEDHEALTHCARE NE	744.03	17.87	761.90	1855.04	44.96	1900.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	744.03	262.87	1006.90	1855.04	657.26	2512.30
<b>MARATHON</b>						
ARISE HEALTH PLAN	803.99	97.21	901.20	2004.98	243.22	2248.20
<sup>3</sup> SECURITY HEALTH PLAN	803.99	259.51	1063.50	2004.98	649.02	2654.00
WEA TRUST EAST	765.70	0.00	765.70	1909.50	0.00	1909.50
* HEALTHPARTNERS	800.80	0.00	800.80	1997.20	0.00	1997.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	803.99	202.91	1006.90	2004.98	507.32	2512.30
<b>MARINETTE</b>						
<sup>3</sup> ANTHEM BCBS NORTHEAST	800.00	126.40	926.40	1995.00	316.20	2311.20
<sup>3</sup> HUMANA EASTERN	800.00	246.10	1046.10	1995.00	615.50	2610.50
ARISE HEALTH PLAN	800.00	101.20	901.20	1995.00	253.20	2248.20
WEA TRUST EAST	765.70	0.00	765.70	1909.50	0.00	1909.50
UNITEDHEALTHCARE NE	761.90	0.00	761.90	1900.00	0.00	1900.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	800.00	206.90	1006.90	1995.00	517.30	2512.30
<b>MARQUETTE</b>						
* UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
* NETWORK HEALTH PLAN	607.01	101.59	708.60	1512.53	254.17	1766.70
PHYSICIANS PLUS	578.10	0.00	578.10	1440.50	0.00	1440.50
WEA TRUST EAST	607.01	158.69	765.70	1512.53	396.97	1909.50
* UNITEDHEALTHCARE NE	607.01	154.89	761.90	1512.53	387.47	1900.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	607.01	399.89	1006.90	1512.53	999.77	2512.30
<b>MENOMINEE</b>						
* WEA TRUST EAST	746.24	19.46	765.70	1861.02	48.48	1909.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	746.24	260.66	1006.90	1861.02	651.28	2512.30
STATE MAINTENANCE PLAN	710.70	0.00	710.70	1772.40	0.00	1772.40

## 2013 Wisconsin Public Employers - Employer Share of Premiums

<sup>3</sup> = Tier 3 Plan \* = Plan Not Qualified in County

LCQP

**Coinsurance HMO - Standard PPO - P06**  
 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
<b>MILWAUKEE</b>						
<sup>3</sup> ANTHEM BCBS SOUTHEAST	803.99	218.91	1022.90	2004.98	547.52	2552.50
<sup>3</sup> HUMANA EASTERN	803.99	242.11	1046.10	2004.98	605.52	2610.50
UNITEDHEALTHCARE SE	800.30	0.00	800.30	1996.00	0.00	1996.00
<sup>3</sup> WPS METRO CHOICE SE	803.99	380.71	1184.70	2004.98	952.02	2957.00
WEA TRUST EAST	765.70	0.00	765.70	1909.50	0.00	1909.50
<sup>3</sup> STANDARD PLAN - MILWAUKEE	803.99	284.21	1088.20	2004.98	710.52	2715.50
<b>MONROE</b>						
GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
HEALTH TRADITION	700.00	0.00	700.00	1745.20	0.00	1745.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	735.00	271.90	1006.90	1832.46	679.84	2512.30
<b>OCONTO</b>						
<sup>3</sup> ANTHEM BCBS NORTHEAST	744.03	182.37	926.40	1855.04	456.16	2311.20
<sup>3</sup> HUMANA EASTERN	744.03	302.07	1046.10	1855.04	755.46	2610.50
ARISE HEALTH PLAN	744.03	157.17	901.20	1855.04	393.16	2248.20
NETWORK HEALTH PLAN	708.60	0.00	708.60	1766.70	0.00	1766.70
WEA TRUST EAST	744.03	21.67	765.70	1855.04	54.46	1909.50
* UNITEDHEALTHCARE NE	744.03	17.87	761.90	1855.04	44.96	1900.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	744.03	262.87	1006.90	1855.04	657.26	2512.30
<b>ONEIDA</b>						
<sup>3</sup> SECURITY HEALTH PLAN	746.24	317.26	1063.50	1861.02	792.98	2654.00
* ARISE HEALTH PLAN	746.24	154.96	901.20	1861.02	387.18	2248.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	746.24	260.66	1006.90	1861.02	651.28	2512.30
STATE MAINTENANCE PLAN	710.70	0.00	710.70	1772.40	0.00	1772.40
<b>OUTAGAMIE</b>						
<sup>3</sup> ANTHEM BCBS NORTHEAST	744.03	182.37	926.40	1855.04	456.16	2311.20
<sup>3</sup> HUMANA EASTERN	744.03	302.07	1046.10	1855.04	755.46	2610.50
ARISE HEALTH PLAN	744.03	157.17	901.20	1855.04	393.16	2248.20
NETWORK HEALTH PLAN	708.60	0.00	708.60	1766.70	0.00	1766.70
WEA TRUST EAST	744.03	21.67	765.70	1855.04	54.46	1909.50
UNITEDHEALTHCARE NE	744.03	17.87	761.90	1855.04	44.96	1900.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	744.03	262.87	1006.90	1855.04	657.26	2512.30

## 2013 Wisconsin Public Employers - Employer Share of Premiums

3 = Tier 3 Plan \* = Plan Not Qualified in County

LCQP

**Coinsurance HMO - Standard PPO - P06**  
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
<b>OZAUKEE</b>						
3 ANTHEM BCBS SOUTHEAST	803.99	218.91	1022.90	2004.98	547.52	2552.50
3 HUMANA EASTERN	803.99	242.11	1046.10	2004.98	605.52	2610.50
UNITEDHEALTHCARE SE	800.30	0.00	800.30	1996.00	0.00	1996.00
3 WPS METRO CHOICE SE	803.99	380.71	1184.70	2004.98	952.02	2957.00
WEA TRUST EAST	765.70	0.00	765.70	1909.50	0.00	1909.50
3 STANDARD PLAN - WAUKESHA	803.99	202.91	1006.90	2004.98	507.32	2512.30
<b>PEPIN</b>						
* HUMANA WESTERN	746.24	299.86	1046.10	1861.02	749.48	2610.50
* SECURITY HEALTH PLAN	746.24	317.26	1063.50	1861.02	792.98	2654.00
* WEA TRUST NORTHWEST	746.24	56.16	802.40	1861.02	140.18	2001.20
3 STANDARD PLAN - BALANCE OF STATE	746.24	260.66	1006.90	1861.02	651.28	2512.30
STATE MAINTENANCE PLAN	710.70	0.00	710.70	1772.40	0.00	1772.40
<b>PIERCE</b>						
3 ANTHEM BCBS NORTHWEST	840.84	231.46	1072.30	2097.06	578.94	2676.00
HEALTHPARTNERS	800.80	0.00	800.80	1997.20	0.00	1997.20
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
WPS METRO CHOICE NW	840.84	175.96	1016.80	2097.06	440.14	2537.20
* HUMANA WESTERN	840.84	205.26	1046.10	2097.06	513.44	2610.50
3 STANDARD PLAN - BALANCE OF STATE	840.84	166.06	1006.90	2097.06	415.24	2512.30
<b>POLK</b>						
3 ANTHEM BCBS NORTHWEST	840.84	231.46	1072.30	2097.06	578.94	2676.00
HEALTHPARTNERS	800.80	0.00	800.80	1997.20	0.00	1997.20
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
WPS METRO CHOICE NW	840.84	175.96	1016.80	2097.06	440.14	2537.20
* HUMANA WESTERN	840.84	205.26	1046.10	2097.06	513.44	2610.50
3 STANDARD PLAN - DANE	840.84	94.36	935.20	2097.06	236.14	2333.20
<b>PORTAGE</b>						
3 SECURITY HEALTH PLAN	803.99	259.51	1063.50	2004.98	649.02	2654.00
WEA TRUST EAST	765.70	0.00	765.70	1909.50	0.00	1909.50
* ARISE HEALTH PLAN	803.99	97.21	901.20	2004.98	243.22	2248.20
3 STANDARD PLAN - BALANCE OF STATE	803.99	202.91	1006.90	2004.98	507.32	2512.30

## 2013 Wisconsin Public Employers - Employer Share of Premiums

<sup>3</sup> = Tier 3 Plan \* = Plan Not Qualified in County

LCQP

**Coinsurance HMO - Standard PPO - P06**  
 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
<b>PRICE</b>						
<sup>3</sup> SECURITY HEALTH PLAN	746.24	317.26	1063.50	1861.02	792.98	2654.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	746.24	260.66	1006.90	1861.02	651.28	2512.30
STATE MAINTENANCE PLAN	710.70	0.00	710.70	1772.40	0.00	1772.40
<b>RACINE</b>						
<sup>3</sup> ANTHEM BCBS SOUTHEAST	803.99	218.91	1022.90	2004.98	547.52	2552.50
<sup>3</sup> HUMANA EASTERN	803.99	242.11	1046.10	2004.98	605.52	2610.50
UNITEDHEALTHCARE SE	800.30	0.00	800.30	1996.00	0.00	1996.00
<sup>3</sup> WPS METRO CHOICE SE	803.99	380.71	1184.70	2004.98	952.02	2957.00
WEA TRUST EAST	765.70	0.00	765.70	1909.50	0.00	1909.50
<sup>3</sup> STANDARD PLAN - WAUKESHA	803.99	202.91	1006.90	2004.98	507.32	2512.30
<b>RICHLAND</b>						
DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
GUNDERSEN LUTHERAN HEALTH PLAN	531.83	194.17	726.00	1324.58	485.62	1810.20
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
HEALTH TRADITION	531.83	168.17	700.00	1324.58	420.62	1745.20
PHYSICIANS PLUS	531.83	46.27	578.10	1324.58	115.92	1440.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	531.83	475.07	1006.90	1324.58	1187.72	2512.30
<b>ROCK</b>						
<sup>3</sup> ANTHEM BCBS SOUTHEAST	531.83	491.07	1022.90	1324.58	1227.92	2552.50
DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
<sup>3</sup> HUMANA EASTERN	531.83	514.27	1046.10	1324.58	1285.92	2610.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
MERCYCARE HEALTH PLAN	530.90	0.00	530.90	1322.50	0.00	1322.50
UNITEDHEALTHCARE SE	531.83	268.47	800.30	1324.58	671.42	1996.00
WEA TRUST EAST	531.83	233.87	765.70	1324.58	584.92	1909.50
* PHYSICIANS PLUS	531.83	46.27	578.10	1324.58	115.92	1440.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	531.83	475.07	1006.90	1324.58	1187.72	2512.30
<b>RUSK</b>						
<sup>3</sup> SECURITY HEALTH PLAN	842.52	220.98	1063.50	2101.26	552.74	2654.00
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
WPS METRO CHOICE NW	842.52	174.28	1016.80	2101.26	435.94	2537.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	842.52	164.38	1006.90	2101.26	411.04	2512.30

## 2013 Wisconsin Public Employers - Employer Share of Premiums

<sup>3</sup> = Tier 3 Plan \* = Plan Not Qualified in County

LCQP

**Coinsurance HMO - Standard PPO - P06**  
 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
<b>SAUK</b>						
DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
GUNDERSEN LUTHERAN HEALTH PLAN	531.83	194.17	726.00	1324.58	485.62	1810.20
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
HEALTH TRADITION	531.83	168.17	700.00	1324.58	420.62	1745.20
PHYSICIANS PLUS	531.83	46.27	578.10	1324.58	115.92	1440.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	531.83	475.07	1006.90	1324.58	1187.72	2512.30
<b>SAWYER</b>						
GHC EAU CLAIRE	842.52	159.68	1002.20	2101.26	399.44	2500.70
<sup>3</sup> SECURITY HEALTH PLAN	842.52	220.98	1063.50	2101.26	552.74	2654.00
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
* HEALTHPARTNERS	800.80	0.00	800.80	1997.20	0.00	1997.20
* WPS METRO CHOICE NW	842.52	174.28	1016.80	2101.26	435.94	2537.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	842.52	164.38	1006.90	2101.26	411.04	2512.30
<b>SHAWANO</b>						
<sup>3</sup> ANTHEM BCBS NORTHEAST	744.03	182.37	926.40	1855.04	456.16	2311.20
<sup>3</sup> HUMANA EASTERN	744.03	302.07	1046.10	1855.04	755.46	2610.50
ARISE HEALTH PLAN	744.03	157.17	901.20	1855.04	393.16	2248.20
NETWORK HEALTH PLAN	708.60	0.00	708.60	1766.70	0.00	1766.70
WEA TRUST EAST	744.03	21.67	765.70	1855.04	54.46	1909.50
UNITEDHEALTHCARE NE	744.03	17.87	761.90	1855.04	44.96	1900.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	744.03	262.87	1006.90	1855.04	657.26	2512.30
<b>SHEBOYGAN</b>						
<sup>3</sup> ANTHEM BCBS NORTHEAST	744.03	182.37	926.40	1855.04	456.16	2311.20
<sup>3</sup> HUMANA EASTERN	744.03	302.07	1046.10	1855.04	755.46	2610.50
ARISE HEALTH PLAN	744.03	157.17	901.20	1855.04	393.16	2248.20
NETWORK HEALTH PLAN	708.60	0.00	708.60	1766.70	0.00	1766.70
WEA TRUST EAST	744.03	21.67	765.70	1855.04	54.46	1909.50
UNITEDHEALTHCARE NE	744.03	17.87	761.90	1855.04	44.96	1900.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	744.03	262.87	1006.90	1855.04	657.26	2512.30

## 2013 Wisconsin Public Employers - Employer Share of Premiums

<sup>3</sup> = Tier 3 Plan \* = Plan Not Qualified in County

LCQP

**Coinsurance HMO - Standard PPO - P06**  
 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
<b>ST. CROIX</b>						
<sup>3</sup> ANTHEM BCBS NORTHWEST	840.84	231.46	1072.30	2097.06	578.94	2676.00
HUMANA WESTERN	840.84	205.26	1046.10	2097.06	513.44	2610.50
HEALTHPARTNERS	800.80	0.00	800.80	1997.20	0.00	1997.20
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
WPS METRO CHOICE NW	840.84	175.96	1016.80	2097.06	440.14	2537.20
<sup>3</sup> STANDARD PLAN - DANE	840.84	94.36	935.20	2097.06	236.14	2333.20
<b>TAYLOR</b>						
ARISE HEALTH PLAN	803.99	97.21	901.20	2004.98	243.22	2248.20
<sup>3</sup> SECURITY HEALTH PLAN	803.99	259.51	1063.50	2004.98	649.02	2654.00
WEA TRUST EAST	765.70	0.00	765.70	1909.50	0.00	1909.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	803.99	202.91	1006.90	2004.98	507.32	2512.30
<b>TREMPEALEAU</b>						
GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
WEA TRUST NORTHWEST	762.30	40.10	802.40	1900.71	100.49	2001.20
* HEALTH TRADITION	700.00	0.00	700.00	1745.20	0.00	1745.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	762.30	244.60	1006.90	1900.71	611.59	2512.30
<b>VERNON</b>						
GUNDERSEN LUTHERAN HEALTH PLAN	531.83	194.17	726.00	1324.58	485.62	1810.20
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
HEALTH TRADITION	531.83	168.17	700.00	1324.58	420.62	1745.20
* DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	531.83	475.07	1006.90	1324.58	1187.72	2512.30
<b>VILAS</b>						
<sup>3</sup> SECURITY HEALTH PLAN	746.24	317.26	1063.50	1861.02	792.98	2654.00
* ARISE HEALTH PLAN	746.24	154.96	901.20	1861.02	387.18	2248.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	746.24	260.66	1006.90	1861.02	651.28	2512.30
STATE MAINTENANCE PLAN	710.70	0.00	710.70	1772.40	0.00	1772.40

## 2013 Wisconsin Public Employers - Employer Share of Premiums

3 = Tier 3 Plan \* = Plan Not Qualified in County

LCQP

**Coinsurance HMO - Standard PPO - P06**  
 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
<b>WALWORTH</b>						
3 ANTHEM BCBS SOUTHEAST	531.83	491.07	1022.90	1324.58	1227.92	2552.50
3 HUMANA EASTERN	531.83	514.27	1046.10	1324.58	1285.92	2610.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
MERCYCARE HEALTH PLAN	530.90	0.00	530.90	1322.50	0.00	1322.50
UNITEDHEALTHCARE SE	531.83	268.47	800.30	1324.58	671.42	1996.00
WEA TRUST EAST	531.83	233.87	765.70	1324.58	584.92	1909.50
* DEAN HEALTH PLAN	531.83	84.67	616.50	1324.58	211.92	1536.50
3 STANDARD PLAN - BALANCE OF STATE	531.83	475.07	1006.90	1324.58	1187.72	2512.30
<b>WASHBURN</b>						
3 ANTHEM BCBS NORTHWEST	842.52	229.78	1072.30	2101.26	574.74	2676.00
GHC EAU CLAIRE	842.52	159.68	1002.20	2101.26	399.44	2500.70
3 SECURITY HEALTH PLAN	842.52	220.98	1063.50	2101.26	552.74	2654.00
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
WPS METRO CHOICE NW	842.52	174.28	1016.80	2101.26	435.94	2537.20
* GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
* HEALTHPARTNERS	800.80	0.00	800.80	1997.20	0.00	1997.20
3 STANDARD PLAN - BALANCE OF STATE	842.52	164.38	1006.90	2101.26	411.04	2512.30
<b>WASHINGTON</b>						
3 ANTHEM BCBS SOUTHEAST	803.99	218.91	1022.90	2004.98	547.52	2552.50
3 HUMANA EASTERN	803.99	242.11	1046.10	2004.98	605.52	2610.50
UNITEDHEALTHCARE SE	800.30	0.00	800.30	1996.00	0.00	1996.00
3 WPS METRO CHOICE SE	803.99	380.71	1184.70	2004.98	952.02	2957.00
WEA TRUST EAST	765.70	0.00	765.70	1909.50	0.00	1909.50
3 STANDARD PLAN - WAUKESHA	803.99	202.91	1006.90	2004.98	507.32	2512.30
<b>WAUKESHA</b>						
3 ANTHEM BCBS SOUTHEAST	803.99	218.91	1022.90	2004.98	547.52	2552.50
* DEAN HEALTH PLAN	616.50	0.00	616.50	1536.50	0.00	1536.50
3 HUMANA EASTERN	803.99	242.11	1046.10	2004.98	605.52	2610.50
UNITEDHEALTHCARE SE	800.30	0.00	800.30	1996.00	0.00	1996.00
3 WPS METRO CHOICE SE	803.99	380.71	1184.70	2004.98	952.02	2957.00
WEA TRUST EAST	765.70	0.00	765.70	1909.50	0.00	1909.50
3 STANDARD PLAN - WAUKESHA	803.99	202.91	1006.90	2004.98	507.32	2512.30

## 2013 Wisconsin Public Employers - Employer Share of Premiums

<sup>3</sup> = Tier 3 Plan \* = Plan Not Qualified in County

LCQP

**Coinsurance HMO - Standard PPO - P06**  
 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
<b>WAUPACA</b>						
<sup>3</sup> ANTHEM BCBS NORTHEAST	744.03	182.37	926.40	1855.04	456.16	2311.20
<sup>3</sup> HUMANA EASTERN	744.03	302.07	1046.10	1855.04	755.46	2610.50
ARISE HEALTH PLAN	744.03	157.17	901.20	1855.04	393.16	2248.20
NETWORK HEALTH PLAN	708.60	0.00	708.60	1766.70	0.00	1766.70
<sup>3</sup> SECURITY HEALTH PLAN	744.03	319.47	1063.50	1855.04	798.96	2654.00
WEA TRUST EAST	744.03	21.67	765.70	1855.04	54.46	1909.50
UNITEDHEALTHCARE NE	744.03	17.87	761.90	1855.04	44.96	1900.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	744.03	262.87	1006.90	1855.04	657.26	2512.30
<b>WAUSHARA</b>						
<sup>3</sup> ANTHEM BCBS NORTHEAST	607.01	319.39	926.40	1512.53	798.67	2311.20
<sup>3</sup> HUMANA EASTERN	607.01	439.09	1046.10	1512.53	1097.97	2610.50
NETWORK HEALTH PLAN	607.01	101.59	708.60	1512.53	254.17	1766.70
<sup>3</sup> SECURITY HEALTH PLAN	607.01	456.49	1063.50	1512.53	1141.47	2654.00
WEA TRUST EAST	607.01	158.69	765.70	1512.53	396.97	1909.50
PHYSICIANS PLUS	578.10	0.00	578.10	1440.50	0.00	1440.50
UNITEDHEALTHCARE NE	607.01	154.89	761.90	1512.53	387.47	1900.00
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	607.01	399.89	1006.90	1512.53	999.77	2512.30
<b>WINNEBAGO</b>						
<sup>3</sup> ANTHEM BCBS NORTHEAST	744.03	182.37	926.40	1855.04	456.16	2311.20
<sup>3</sup> HUMANA EASTERN	744.03	302.07	1046.10	1855.04	755.46	2610.50
NETWORK HEALTH PLAN	708.60	0.00	708.60	1766.70	0.00	1766.70
WEA TRUST EAST	744.03	21.67	765.70	1855.04	54.46	1909.50
UNITEDHEALTHCARE NE	744.03	17.87	761.90	1855.04	44.96	1900.00
* ARISE HEALTH PLAN	744.03	157.17	901.20	1855.04	393.16	2248.20
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	744.03	262.87	1006.90	1855.04	657.26	2512.30
<b>WOOD</b>						
ARISE HEALTH PLAN	803.99	97.21	901.20	2004.98	243.22	2248.20
<sup>3</sup> SECURITY HEALTH PLAN	803.99	259.51	1063.50	2004.98	649.02	2654.00
WEA TRUST EAST	765.70	0.00	765.70	1909.50	0.00	1909.50
<sup>3</sup> STANDARD PLAN - BALANCE OF STATE	803.99	202.91	1006.90	2004.98	507.32	2512.30