2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
* = Not In Calculation - Plan Not Qualified in County or 1st Year in Service Area

Deductible HMO - Standard PPO - P04

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	604.38	19.22	623.60	1,504.13	48.37	1,552.50
	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
3	SECURITY HEALTH PLAN	604.38	416.22	1,020.60	1,504.13	1,040.87	2,545.00
	PHYSICIANS PLUS	604.38	1.52	605.90	1,504.13	4.07	1,508.20
	WEA TRUST PPO - EAST	604.38	135.22	739.60	1,504.13	338.37	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	604.38	376.12	980.50	1,504.13	941.97	2,446.10
ASHLAND							
	GHC EAU CLAIRE	908.15	127.05	1,035.20	2,263.49	318.01	2,581.50
3	SECURITY HEALTH PLAN	908.15	112.45	1,020.60	2,263.49	281.51	2,545.00
	WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
*	HEALTHPARTNERS	826.60	-	826.60	2,060.00	-	2,060.00
3	STANDARD PLAN - BALANCE OF STATE	908.15	72.35	980.50	2,263.49	182.61	2,446.10
BARRON							
	HUMANA WESTERN	908.15	134.95	1,043.10	2,263.49	337.71	2,601.20
3	SECURITY HEALTH PLAN	908.15	112.45	1,020.60	2,263.49	281.51	2,545.00
	WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
	WPS METRO CHOICE NW	908.15	141.05	1,049.20	2,263.49	353.01	2,616.50
*	GUNDERSEN HEALTH PLAN	707.90	-	707.90	1,763.20	-	1,763.20
3	STANDARD PLAN - BALANCE OF STATE	908.15	72.35	980.50	2,263.49	182.61	2,446.10
BAYFIELD							
*	GHC EAU CLAIRE	743.61	291.59	1,035.20	1,853.67	727.83	2,581.50
*	SECURITY HEALTH PLAN	743.61	276.99	1,020.60	1,853.67	691.33	2,545.00
*	HEALTHPARTNERS	743.61	82.99	826.60	1,853.67	206.33	2,060.00
*	WEA TRUST PPO - NORTHWEST	743.61	121.29	864.90	1,853.67	302.03	2,155.70
3	STANDARD PLAN - BALANCE OF STATE	743.61	236.89	980.50	1,853.67	592.43	2,446.10
	STATE MAINTENANCE PLAN	708.20	-	708.20	1,765.40	-	1,765.40
BROWN							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
*	DEAN HEALTH INSURANCE PREVEA360	705.50	55.80	761.30	1,756.86	139.84	1,896.70
3	HUMANA EASTERN	705.50	337.60	1,043.10	1,756.86	844.34	2,601.20
	ARISE HEALTH PLAN	705.50	212.20	917.70	1,756.86	530.84	2,287.70
	NETWORK HEALTH	705.50	16.20	721.70	1,756.86	40.84	1,797.70
	WEA TRUST PPO - EAST	705.50	34.10	739.60	1,756.86	85.64	1,842.50
	UNITEDHEALTHCARE	705.50	67.60	773.10	1,756.86	169.34	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	705.50	275.00	980.50	1,756.86	689.24	2,446.10
BUFFALO							
*	HEALTH TRADITION	652.30	-	652.30	1,624.20	-	1,624.20
*	WEA TRUST PPO - NORTHWEST	743.61	121.29	864.90	1,853.67	302.03	2,155.70
3	STANDARD PLAN - BALANCE OF STATE	743.61	236.89	980.50	1,853.67	592.43	2,446.10
	STATE MAINTENANCE PLAN	708.20	-	708.20	1,765.40	-	1,765.40

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Deductible HMO - Standard PPO - P04

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 EAU CLAIRE	867.93	167.27	1,035.20	2,163.00	418.50	2,581.50
	HEALTHPARTNERS	826.60	-	826.60	2,060.00	-	2,060.00
	WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
	WPS METRO CHOICE NW	867.93	181.27	1,049.20	2,163.00	453.50	2,616.50
3	STANDARD PLAN - BALANCE OF STATE	867.93	112.57	980.50	2,163.00	283.10	2,446.10
CALUMET							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
3	HUMANA EASTERN	705.50	337.60	1,043.10	1,756.86	844.34	2,601.20
	NETWORK HEALTH	705.50	16.20	721.70	1,756.86	40.84	1,797.70
	UNITEDHEALTHCARE	705.50	67.60	773.10	1,756.86	169.34	1,926.20
*	ARISE HEALTH PLAN	705.50	212.20	917.70	1,756.86	530.84	2,287.70
*	WEA TRUST PPO - EAST	705.50	34.10	739.60	1,756.86	85.64	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	705.50	275.00	980.50	1,756.86	689.24	2,446.10
CHIPPEWA							
	HUMANA WESTERN	743.30	299.80	1,043.10	1,851.36	749.84	2,601.20
	GUNDERSEN HEALTH PLAN	707.90	-	707.90	1,763.20	-	1,763.20
3	SECURITY HEALTH PLAN	743.30	277.30	1,020.60	1,851.36	693.64	2,545.00
	WEA TRUST PPO - NORTHWEST	743.30	121.60	864.90	1,851.36	304.34	2,155.70
	WPS METRO CHOICE NW	743.30	305.90	1,049.20	1,851.36	765.14	2,616.50
3	STANDARD PLAN - BALANCE OF STATE	743.30	237.20	980.50	1,851.36	594.74	2,446.10
CLARK							
	GUNDERSEN HEALTH PLAN	707.90	-	707.90	1,763.20	-	1,763.20
3	SECURITY HEALTH PLAN	743.30	277.30	1,020.60	1,851.36	693.64	2,545.00
	WEA TRUST PPO - NORTHWEST	743.30	121.60	864.90	1,851.36	304.34	2,155.70
*	ARISE HEALTH PLAN	743.30	174.40	917.70	1,851.36	436.34	2,287.70
3	STANDARD PLAN - BALANCE OF STATE	743.30	237.20	980.50	1,851.36	594.74	2,446.10
COLUMBIA							
	DEAN HEALTH INSURANCE	604.38	19.22	623.60	1,504.13	48.37	1,552.50
	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
	PHYSICIANS PLUS	604.38	1.52	605.90	1,504.13	4.07	1,508.20
	WEA TRUST PPO - EAST	604.38	135.22	739.60	1,504.13	338.37	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	604.38	376.12	980.50	1,504.13	941.97	2,446.10
CRAWFORD							
	GUNDERSEN HEALTH PLAN	684.92	22.98	707.90	1,705.41	57.79	1,763.20
	HEALTH TRADITION	652.30	-	652.30	1,624.20	-	1,624.20
*	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
*	MEDICAL ASSOCIATES HEALTH PLAN	629.10	-	629.10	1,566.20	-	1,566.20
3	STANDARD PLAN - BALANCE OF STATE	684.92	295.58	980.50	1,705.41	740.69	2,446.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP
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Deductible HMO - Standard PPO - P04

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	555.03	68.57	623.60	1,380.75	171.75	1,552.50
	GHC SOUTH CENTRAL WI	555.03	2.57	557.60	1,380.75	6.75	1,387.50
	PHYSICIANS PLUS	555.03	50.87	605.90	1,380.75	127.45	1,508.20
*	WEA TRUST PPO - SOUTH CENTRAL	555.03	166.37	721.40	1,380.75	416.25	1,797.00
	UNITY UW	528.60	-	528.60	1,315.00	-	1,315.00
3	STANDARD PLAN - DANE	555.03	356.17	911.20	1,380.75	891.05	2,271.80
DODGE							
	ANTHEM BLUE SOUTHEAST	604.38	115.72	720.10	1,504.13	289.57	1,793.70
	DEAN HEALTH INSURANCE	604.38	19.22	623.60	1,504.13	48.37	1,552.50
3	HUMANA EASTERN	604.38	438.72	1,043.10	1,504.13	1,097.07	2,601.20
	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
	NETWORK HEALTH	604.38	117.32	721.70	1,504.13	293.57	1,797.70
	WEA TRUST PPO - EAST	604.38	135.22	739.60	1,504.13	338.37	1,842.50
	UNITEDHEALTHCARE	604.38	168.72	773.10	1,504.13	422.07	1,926.20
*	ARISE HEALTH PLAN	604.38	313.32	917.70	1,504.13	783.57	2,287.70
3	WPS METRO CHOICE SE	604.38	668.02	1,272.40	1,504.13	1,670.37	3,174.50
3	STANDARD PLAN - BALANCE OF STATE	604.38	376.12	980.50	1,504.13	941.97	2,446.10
DOOR							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
3	HUMANA EASTERN	705.50	337.60	1,043.10	1,756.86	844.34	2,601.20
	NETWORK HEALTH	705.50	16.20	721.70	1,756.86	40.84	1,797.70
	WEA TRUST PPO - EAST	705.50	34.10	739.60	1,756.86	85.64	1,842.50
	UNITEDHEALTHCARE	705.50	67.60	773.10	1,756.86	169.34	1,926.20
*	DEAN HEALTH INSURANCE PREVEA360	705.50	55.80	761.30	1,756.86	139.84	1,896.70
*	ARISE HEALTH PLAN	705.50	212.20	917.70	1,756.86	530.84	2,287.70
3	STANDARD PLAN - BALANCE OF STATE	705.50	275.00	980.50	1,756.86	689.24	2,446.10
DOUGLAS							
	HUMANA WESTERN	867.93	175.17	1,043.10	2,163.00	438.20	2,601.20
	GHC EAU CLAIRE	867.93	167.27	1,035.20	2,163.00	418.50	2,581.50
3	SECURITY HEALTH PLAN	867.93	152.67	1,020.60	2,163.00	382.00	2,545.00
	HEALTHPARTNERS	826.60	-	826.60	2,060.00	-	2,060.00
	WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
3	STANDARD PLAN - BALANCE OF STATE	867.93	112.57	980.50	2,163.00	283.10	2,446.10
DUNN							
	HUMANA WESTERN	908.15	134.95	1,043.10	2,263.49	337.71	2,601.20
	WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
	WPS METRO CHOICE NW	908.15	141.05	1,049.20	2,263.49	353.01	2,616.50
3	STANDARD PLAN - BALANCE OF STATE	908.15	72.35	980.50	2,263.49	182.61	2,446.10

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Deductible HMO - Standard PPO - P04

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							
	HUMANA WESTERN	743.30	299.80	1,043.10	1,851.36	749.84	2,601.20
	GUNDERSEN HEALTH PLAN	707.90	-	707.90	1,763.20	-	1,763.20
3	SECURITY HEALTH PLAN	743.30	277.30	1,020.60	1,851.36	693.64	2,545.00
	WEA TRUST PPO - NORTHWEST	743.30	121.60	864.90	1,851.36	304.34	2,155.70
	WPS METRO CHOICE NW	743.30	305.90	1,049.20	1,851.36	765.14	2,616.50
3	STANDARD PLAN - BALANCE OF STATE	743.30	237.20	980.50	1,851.36	594.74	2,446.10
FLORENCE							
*	ARISE HEALTH PLAN	743.61	174.09	917.70	1,853.67	434.03	2,287.70
*	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	743.61	236.89	980.50	1,853.67	592.43	2,446.10
	STATE MAINTENANCE PLAN	708.20	-	708.20	1,765.40	-	1,765.40
FOND DU LAC							
	ANTHEM BLUE NORTHEAST	604.38	67.52	671.90	1,504.13	169.07	1,673.20
	DEAN HEALTH INSURANCE	604.38	19.22	623.60	1,504.13	48.37	1,552.50
3	HUMANA EASTERN	604.38	438.72	1,043.10	1,504.13	1,097.07	2,601.20
	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
	ARISE HEALTH PLAN	604.38	313.32	917.70	1,504.13	783.57	2,287.70
	NETWORK HEALTH	604.38	117.32	721.70	1,504.13	293.57	1,797.70
	WEA TRUST PPO - EAST	604.38	135.22	739.60	1,504.13	338.37	1,842.50
	UNITEDHEALTHCARE	604.38	168.72	773.10	1,504.13	422.07	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	604.38	376.12	980.50	1,504.13	941.97	2,446.10
FOREST							
*	ARISE HEALTH PLAN	743.61	174.09	917.70	1,853.67	434.03	2,287.70
*	SECURITY HEALTH PLAN	743.61	276.99	1,020.60	1,853.67	691.33	2,545.00
*	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	743.61	236.89	980.50	1,853.67	592.43	2,446.10
	STATE MAINTENANCE PLAN	708.20	-	708.20	1,765.40	-	1,765.40
GRANT							
	DEAN HEALTH INSURANCE	604.38	19.22	623.60	1,504.13	48.37	1,552.50
	GUNDERSEN HEALTH PLAN	604.38	103.52	707.90	1,504.13	259.07	1,763.20
	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
	HEALTH TRADITION	604.38	47.92	652.30	1,504.13	120.07	1,624.20
	MEDICAL ASSOCIATES HEALTH PLAN	604.38	24.72	629.10	1,504.13	62.07	1,566.20
	PHYSICIANS PLUS	604.38	1.52	605.90	1,504.13	4.07	1,508.20
3	STANDARD PLAN - DANE	604.38	306.82	911.20	1,504.13	767.67	2,271.80
GREEN							
	DEAN HEALTH INSURANCE	604.38	19.22	623.60	1,504.13	48.37	1,552.50
3	HUMANA EASTERN	604.38	438.72	1,043.10	1,504.13	1,097.07	2,601.20
	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
*	MERCYCARE HEALTH PLAN	526.00	-	526.00	1,308.50	-	1,308.50
3	STANDARD PLAN - BALANCE OF STATE	604.38	376.12	980.50	1,504.13	941.97	2,446.10

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Deductible HMO - Standard PPO - P04

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 NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
3	HUMANA EASTERN	705.50	337.60	1,043.10	1,756.86	844.34	2,601.20
	NETWORK HEALTH	705.50	16.20	721.70	1,756.86	40.84	1,797.70
	WEA TRUST PPO - EAST	705.50	34.10	739.60	1,756.86	85.64	1,842.50
	UNITEDHEALTHCARE	705.50	67.60	773.10	1,756.86	169.34	1,926.20
*	DEAN HEALTH INSURANCE	623.60	-	623.60	1,552.50	-	1,552.50
*	ARISE HEALTH PLAN	705.50	212.20	917.70	1,756.86	530.84	2,287.70
*	PHYSICIANS PLUS	605.90	-	605.90	1,508.20	-	1,508.20
3	STANDARD PLAN - BALANCE OF STATE	705.50	275.00	980.50	1,756.86	689.24	2,446.10
IOWA							
	DEAN HEALTH INSURANCE	604.38	19.22	623.60	1,504.13	48.37	1,552.50
	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
	MEDICAL ASSOCIATES HEALTH PLAN	604.38	24.72	629.10	1,504.13	62.07	1,566.20
	PHYSICIANS PLUS	604.38	1.52	605.90	1,504.13	4.07	1,508.20
3	STANDARD PLAN - BALANCE OF STATE	604.38	376.12	980.50	1,504.13	941.97	2,446.10
IRON							
*	SECURITY HEALTH PLAN	743.61	276.99	1,020.60	1,853.67	691.33	2,545.00
*	WEA TRUST PPO - NORTHWEST	743.61	121.29	864.90	1,853.67	302.03	2,155.70
3	STANDARD PLAN - BALANCE OF STATE	743.61	236.89	980.50	1,853.67	592.43	2,446.10
	STATE MAINTENANCE PLAN	708.20	-	708.20	1,765.40	-	1,765.40
JACKSON							
	GUNDERSEN HEALTH PLAN	684.92	22.98	707.90	1,705.41	57.79	1,763.20
	HEALTH TRADITION	652.30	-	652.30	1,624.20	-	1,624.20
3	SECURITY HEALTH PLAN	684.92	335.68	1,020.60	1,705.41	839.59	2,545.00
	WEA TRUST PPO - NORTHWEST	684.92	179.98	864.90	1,705.41	450.29	2,155.70
3	STANDARD PLAN - BALANCE OF STATE	684.92	295.58	980.50	1,705.41	740.69	2,446.10
JEFFERSON							
	ANTHEM BLUE SOUTHEAST	552.30	167.80	720.10	1,373.93	419.77	1,793.70
	DEAN HEALTH INSURANCE	552.30	71.30	623.60	1,373.93	178.57	1,552.50
3	HUMANA EASTERN	552.30	490.80	1,043.10	1,373.93	1,227.27	2,601.20
	UNITY COMMUNITY	552.30	23.30	575.60	1,373.93	58.57	1,432.50
	MERCYCARE HEALTH PLAN	526.00	-	526.00	1,308.50	-	1,308.50
	PHYSICIANS PLUS	552.30	53.60	605.90	1,373.93	134.27	1,508.20
	WEA TRUST PPO - EAST	552.30	187.30	739.60	1,373.93	468.57	1,842.50
	UNITEDHEALTHCARE	552.30	220.80	773.10	1,373.93	552.27	1,926.20
3	WPS METRO CHOICE SE	552.30	720.10	1,272.40	1,373.93	1,800.57	3,174.50
3	STANDARD PLAN - DANE	552.30	358.90	911.20	1,373.93	897.87	2,271.80

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Deductible HMO - Standard PPO - P04

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							
	GUNDERSEN HEALTH PLAN	604.38	103.52	707.90	1,504.13	259.07	1,763.20
	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
	HEALTH TRADITION	604.38	47.92	652.30	1,504.13	120.07	1,624.20
3	SECURITY HEALTH PLAN	604.38	416.22	1,020.60	1,504.13	1,040.87	2,545.00
	WEA TRUST PPO - EAST	604.38	135.22	739.60	1,504.13	338.37	1,842.50
*	DEAN HEALTH INSURANCE	604.38	19.22	623.60	1,504.13	48.37	1,552.50
3	STANDARD PLAN - BALANCE OF STATE	604.38	376.12	980.50	1,504.13	941.97	2,446.10
KENOSHA							
	ANTHEM BLUE SOUTHEAST	720.10	-	720.10	1,793.70	-	1,793.70
3	HUMANA EASTERN	756.11	286.99	1,043.10	1,883.39	717.81	2,601.20
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
	UNITEDHEALTHCARE	756.11	16.99	773.10	1,883.39	42.81	1,926.20
3	STANDARD PLAN - WAUKESHA	756.11	224.39	980.50	1,883.39	562.71	2,446.10
KEWAUNEE							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
	ARISE HEALTH PLAN	705.50	212.20	917.70	1,756.86	530.84	2,287.70
	NETWORK HEALTH	705.50	16.20	721.70	1,756.86	40.84	1,797.70
	WEA TRUST PPO - EAST	705.50	34.10	739.60	1,756.86	85.64	1,842.50
*	DEAN HEALTH INSURANCE PREVEA360	705.50	55.80	761.30	1,756.86	139.84	1,896.70
*	HUMANA EASTERN	705.50	337.60	1,043.10	1,756.86	844.34	2,601.20
*	UNITEDHEALTHCARE	705.50	67.60	773.10	1,756.86	169.34	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	705.50	275.00	980.50	1,756.86	689.24	2,446.10
LACROSSE							
	GUNDERSEN HEALTH PLAN	684.92	22.98	707.90	1,705.41	57.79	1,763.20
	HEALTH TRADITION	652.30	-	652.30	1,624.20	-	1,624.20
3	STANDARD PLAN - DANE	684.92	226.28	911.20	1,705.41	566.39	2,271.80
LAFAYETTE							
	MEDICAL ASSOCIATES HEALTH PLAN	629.10	-	629.10	1,566.20	-	1,566.20
*	DEAN HEALTH INSURANCE	623.60	-	623.60	1,552.50	-	1,552.50
*	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
*	PHYSICIANS PLUS	605.90	-	605.90	1,508.20	-	1,508.20
3	STANDARD PLAN - BALANCE OF STATE	660.56	319.94	980.50	1,644.51	801.59	2,446.10
LANGLADE							
	ARISE HEALTH PLAN	776.58	141.12	917.70	1,934.63	353.07	2,287.70
3	SECURITY HEALTH PLAN	776.58	244.02	1,020.60	1,934.63	610.37	2,545.00
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	776.58	203.92	980.50	1,934.63	511.47	2,446.10
LINCOLN							
3	SECURITY HEALTH PLAN	776.58	244.02	1,020.60	1,934.63	610.37	2,545.00
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
*	ARISE HEALTH PLAN	776.58	141.12	917.70	1,934.63	353.07	2,287.70
3	STANDARD PLAN - BALANCE OF STATE	776.58	203.92	980.50	1,934.63	511.47	2,446.10
MANITOWOC							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
*	DEAN HEALTH INSURANCE PREVEA360	705.50	55.80	761.30	1,756.86	139.84	1,896.70

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
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Deductible HMO - Standard PPO - P04

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
3	HUMANA EASTERN	705.50	337.60	1,043.10	1,756.86	844.34	2,601.20
	ARISE HEALTH PLAN	705.50	212.20	917.70	1,756.86	530.84	2,287.70
	NETWORK HEALTH	705.50	16.20	721.70	1,756.86	40.84	1,797.70
	WEA TRUST PPO - EAST	705.50	34.10	739.60	1,756.86	85.64	1,842.50
	UNITEDHEALTHCARE	705.50	67.60	773.10	1,756.86	169.34	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	705.50	275.00	980.50	1,756.86	689.24	2,446.10
MARATHON							
	ARISE HEALTH PLAN	776.58	141.12	917.70	1,934.63	353.07	2,287.70
3	SECURITY HEALTH PLAN	776.58	244.02	1,020.60	1,934.63	610.37	2,545.00
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	776.58	203.92	980.50	1,934.63	511.47	2,446.10
MARINETTE							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
3	HUMANA EASTERN	705.50	337.60	1,043.10	1,756.86	844.34	2,601.20
	ARISE HEALTH PLAN	705.50	212.20	917.70	1,756.86	530.84	2,287.70
	WEA TRUST PPO - EAST	705.50	34.10	739.60	1,756.86	85.64	1,842.50
	UNITEDHEALTHCARE	705.50	67.60	773.10	1,756.86	169.34	1,926.20
*	DEAN HEALTH INSURANCE PREVEA360	705.50	55.80	761.30	1,756.86	139.84	1,896.70
3	STANDARD PLAN - BALANCE OF STATE	705.50	275.00	980.50	1,756.86	689.24	2,446.10
MARQUETTE							
	PHYSICIANS PLUS	605.90	-	605.90	1,508.20	-	1,508.20
	WEA TRUST PPO - EAST	636.20	103.40	739.60	1,583.61	258.89	1,842.50
*	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
*	NETWORK HEALTH	636.20	85.50	721.70	1,583.61	214.09	1,797.70
*	UNITEDHEALTHCARE	636.20	136.90	773.10	1,583.61	342.59	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	636.20	344.30	980.50	1,583.61	862.49	2,446.10
MENOMINEE							
*	DEAN HEALTH INSURANCE PREVEA360	743.61	17.69	761.30	1,853.67	43.03	1,896.70
*	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	743.61	236.89	980.50	1,853.67	592.43	2,446.10
	STATE MAINTENANCE PLAN	708.20	-	708.20	1,765.40	-	1,765.40
MILWAUKEE							
	ANTHEM BLUE SOUTHEAST	720.10	-	720.10	1,793.70	-	1,793.70
3	HUMANA EASTERN	756.11	286.99	1,043.10	1,883.39	717.81	2,601.20
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
	UNITEDHEALTHCARE	756.11	16.99	773.10	1,883.39	42.81	1,926.20
3	WPS METRO CHOICE SE	756.11	516.29	1,272.40	1,883.39	1,291.11	3,174.50
3	STANDARD PLAN - MILWAUKEE	756.11	301.59	1,057.70	1,883.39	754.21	2,637.60

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
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Deductible HMO - Standard PPO - P04

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
MONROE							
	GUNDERSEN HEALTH PLAN	684.92	22.98	707.90	1,705.41	57.79	1,763.20
	HEALTH TRADITION	652.30	-	652.30	1,624.20	-	1,624.20
3	STANDARD PLAN - BALANCE OF STATE	684.92	295.58	980.50	1,705.41	740.69	2,446.10
OCONTO							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
*	DEAN HEALTH INSURANCE PREVEA360	705.50	55.80	761.30	1,756.86	139.84	1,896.70
3	HUMANA EASTERN	705.50	337.60	1,043.10	1,756.86	844.34	2,601.20
	ARISE HEALTH PLAN	705.50	212.20	917.70	1,756.86	530.84	2,287.70
	NETWORK HEALTH	705.50	16.20	721.70	1,756.86	40.84	1,797.70
	WEA TRUST PPO - EAST	705.50	34.10	739.60	1,756.86	85.64	1,842.50
*	UNITEDHEALTHCARE	705.50	67.60	773.10	1,756.86	169.34	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	705.50	275.00	980.50	1,756.86	689.24	2,446.10
ONEIDA							
3	SECURITY HEALTH PLAN	776.58	244.02	1,020.60	1,934.63	610.37	2,545.00
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
*	ARISE HEALTH PLAN	776.58	141.12	917.70	1,934.63	353.07	2,287.70
3	STANDARD PLAN - BALANCE OF STATE	776.58	203.92	980.50	1,934.63	511.47	2,446.10
OUTAGAMIE							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
3	HUMANA EASTERN	705.50	337.60	1,043.10	1,756.86	844.34	2,601.20
	ARISE HEALTH PLAN	705.50	212.20	917.70	1,756.86	530.84	2,287.70
	NETWORK HEALTH	705.50	16.20	721.70	1,756.86	40.84	1,797.70
	WEA TRUST PPO - EAST	705.50	34.10	739.60	1,756.86	85.64	1,842.50
	UNITEDHEALTHCARE	705.50	67.60	773.10	1,756.86	169.34	1,926.20
*	DEAN HEALTH INSURANCE PREVEA360	705.50	55.80	761.30	1,756.86	139.84	1,896.70
3	STANDARD PLAN - BALANCE OF STATE	705.50	275.00	980.50	1,756.86	689.24	2,446.10
OZAUKEE							
	ANTHEM BLUE SOUTHEAST	720.10	-	720.10	1,793.70	-	1,793.70
3	HUMANA EASTERN	756.11	286.99	1,043.10	1,883.39	717.81	2,601.20
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
	UNITEDHEALTHCARE	756.11	16.99	773.10	1,883.39	42.81	1,926.20
3	WPS METRO CHOICE SE	756.11	516.29	1,272.40	1,883.39	1,291.11	3,174.50
3	STANDARD PLAN - WAUKESHA	756.11	224.39	980.50	1,883.39	562.71	2,446.10
PEPIN							
*	HUMANA WESTERN	743.61	299.49	1,043.10	1,853.67	747.53	2,601.20
*	SECURITY HEALTH PLAN	743.61	276.99	1,020.60	1,853.67	691.33	2,545.00
*	WEA TRUST PPO - NORTHWEST	743.61	121.29	864.90	1,853.67	302.03	2,155.70
3	STANDARD PLAN - BALANCE OF STATE	743.61	236.89	980.50	1,853.67	592.43	2,446.10
	STATE MAINTENANCE PLAN	708.20	-	708.20	1,765.40	-	1,765.40

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Deductible HMO - Standard PPO - P04

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
PIERCE							
	HEALTHPARTNERS	826.60	-	826.60	2,060.00	-	2,060.00
	WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
	WPS METRO CHOICE NW	867.93	181.27	1,049.20	2,163.00	453.50	2,616.50
*	HUMANA WESTERN	867.93	175.17	1,043.10	2,163.00	438.20	2,601.20
3	STANDARD PLAN - BALANCE OF STATE	867.93	112.57	980.50	2,163.00	283.10	2,446.10
POLK							
	HEALTHPARTNERS	826.60	-	826.60	2,060.00	-	2,060.00
	WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
	WPS METRO CHOICE NW	867.93	181.27	1,049.20	2,163.00	453.50	2,616.50
*	HUMANA WESTERN	867.93	175.17	1,043.10	2,163.00	438.20	2,601.20
3	STANDARD PLAN - DANE	867.93	43.27	911.20	2,163.00	108.80	2,271.80
PORTAGE							
3	SECURITY HEALTH PLAN	776.58	244.02	1,020.60	1,934.63	610.37	2,545.00
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
*	ARISE HEALTH PLAN	776.58	141.12	917.70	1,934.63	353.07	2,287.70
3	STANDARD PLAN - BALANCE OF STATE	776.58	203.92	980.50	1,934.63	511.47	2,446.10
PRICE							
3	SECURITY HEALTH PLAN	776.58	244.02	1,020.60	1,934.63	610.37	2,545.00
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	776.58	203.92	980.50	1,934.63	511.47	2,446.10
RACINE							
	ANTHEM BLUE SOUTHEAST	720.10	-	720.10	1,793.70	-	1,793.70
3	HUMANA EASTERN	756.11	286.99	1,043.10	1,883.39	717.81	2,601.20
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
	UNITEDHEALTHCARE	756.11	16.99	773.10	1,883.39	42.81	1,926.20
3	WPS METRO CHOICE SE	756.11	516.29	1,272.40	1,883.39	1,291.11	3,174.50
3	STANDARD PLAN - WAUKESHA	756.11	224.39	980.50	1,883.39	562.71	2,446.10
RICHLAND							
	DEAN HEALTH INSURANCE	604.38	19.22	623.60	1,504.13	48.37	1,552.50
	GUNDERSEN HEALTH PLAN	604.38	103.52	707.90	1,504.13	259.07	1,763.20
	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
	HEALTH TRADITION	604.38	47.92	652.30	1,504.13	120.07	1,624.20
	PHYSICIANS PLUS	604.38	1.52	605.90	1,504.13	4.07	1,508.20
3	STANDARD PLAN - BALANCE OF STATE	604.38	376.12	980.50	1,504.13	941.97	2,446.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Deductible HMO - Standard PPO - P04

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
ROCK								
		ANTHEM BLUE SOUTHEAST	552.30	167.80	720.10	1,373.93	419.77	1,793.70
		DEAN HEALTH INSURANCE	552.30	71.30	623.60	1,373.93	178.57	1,552.50
	3	HUMANA EASTERN	552.30	490.80	1,043.10	1,373.93	1,227.27	2,601.20
		UNITY COMMUNITY	552.30	23.30	575.60	1,373.93	58.57	1,432.50
		MERCYCARE HEALTH PLAN	526.00	-	526.00	1,308.50	-	1,308.50
		WEA TRUST PPO - EAST	552.30	187.30	739.60	1,373.93	468.57	1,842.50
		UNITEDHEALTHCARE	552.30	220.80	773.10	1,373.93	552.27	1,926.20
	*	PHYSICIANS PLUS	552.30	53.60	605.90	1,373.93	134.27	1,508.20
	3	STANDARD PLAN - BALANCE OF STATE	552.30	428.20	980.50	1,373.93	1,072.17	2,446.10
RUSK								
	3	SECURITY HEALTH PLAN	908.15	112.45	1,020.60	2,263.49	281.51	2,545.00
		WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
		WPS METRO CHOICE NW	908.15	141.05	1,049.20	2,263.49	353.01	2,616.50
	3	STANDARD PLAN - BALANCE OF STATE	908.15	72.35	980.50	2,263.49	182.61	2,446.10
SAUK								
		DEAN HEALTH INSURANCE	604.38	19.22	623.60	1,504.13	48.37	1,552.50
		GUNDERSEN HEALTH PLAN	604.38	103.52	707.90	1,504.13	259.07	1,763.20
		UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
		HEALTH TRADITION	604.38	47.92	652.30	1,504.13	120.07	1,624.20
		PHYSICIANS PLUS	604.38	1.52	605.90	1,504.13	4.07	1,508.20
	3	STANDARD PLAN - BALANCE OF STATE	604.38	376.12	980.50	1,504.13	941.97	2,446.10
SAWYER								
		GHC EAU CLAIRE	908.15	127.05	1,035.20	2,263.49	318.01	2,581.50
	3	SECURITY HEALTH PLAN	908.15	112.45	1,020.60	2,263.49	281.51	2,545.00
		WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
SAWYER	*	GUNDERSEN HEALTH PLAN	707.90	-	707.90	1,763.20	-	1,763.20
	*	HEALTHPARTNERS	826.60	-	826.60	2,060.00	-	2,060.00
	*	WPS METRO CHOICE NW	908.15	141.05	1,049.20	2,263.49	353.01	2,616.50
	3	STANDARD PLAN - BALANCE OF STATE	908.15	72.35	980.50	2,263.49	182.61	2,446.10
SHAWANO								
		ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
	3	HUMANA EASTERN	705.50	337.60	1,043.10	1,756.86	844.34	2,601.20
		ARISE HEALTH PLAN	705.50	212.20	917.70	1,756.86	530.84	2,287.70
		NETWORK HEALTH	705.50	16.20	721.70	1,756.86	40.84	1,797.70
		WEA TRUST PPO - EAST	705.50	34.10	739.60	1,756.86	85.64	1,842.50
		UNITEDHEALTHCARE	705.50	67.60	773.10	1,756.86	169.34	1,926.20
	*	DEAN HEALTH INSURANCE PREVEA360	705.50	55.80	761.30	1,756.86	139.84	1,896.70
	3	STANDARD PLAN - BALANCE OF STATE	705.50	275.00	980.50	1,756.86	689.24	2,446.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Deductible HMO - Standard PPO - P04

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 NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
*	DEAN HEALTH INSURANCE PREVEA360	705.50	55.80	761.30	1,756.86	139.84	1,896.70
3	HUMANA EASTERN	705.50	337.60	1,043.10	1,756.86	844.34	2,601.20
	ARISE HEALTH PLAN	705.50	212.20	917.70	1,756.86	530.84	2,287.70
	NETWORK HEALTH	705.50	16.20	721.70	1,756.86	40.84	1,797.70
	WEA TRUST PPO - EAST	705.50	34.10	739.60	1,756.86	85.64	1,842.50
	UNITEDHEALTHCARE	705.50	67.60	773.10	1,756.86	169.34	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	705.50	275.00	980.50	1,756.86	689.24	2,446.10
ST. CROIX							
	HUMANA WESTERN	867.93	175.17	1,043.10	2,163.00	438.20	2,601.20
	HEALTHPARTNERS	826.60	-	826.60	2,060.00	-	2,060.00
	WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
	WPS METRO CHOICE NW	867.93	181.27	1,049.20	2,163.00	453.50	2,616.50
3	STANDARD PLAN - DANE	867.93	43.27	911.20	2,163.00	108.80	2,271.80
TAYLOR							
	ARISE HEALTH PLAN	776.58	141.12	917.70	1,934.63	353.07	2,287.70
3	SECURITY HEALTH PLAN	776.58	244.02	1,020.60	1,934.63	610.37	2,545.00
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	776.58	203.92	980.50	1,934.63	511.47	2,446.10
TREMPEALEAU							
	GUNDERSEN HEALTH PLAN	707.90	-	707.90	1,763.20	-	1,763.20
	WEA TRUST PPO - NORTHWEST	743.30	121.60	864.90	1,851.36	304.34	2,155.70
*	HEALTH TRADITION	652.30	-	652.30	1,624.20	-	1,624.20
3	STANDARD PLAN - BALANCE OF STATE	743.30	237.20	980.50	1,851.36	594.74	2,446.10
VERNON							
	GUNDERSEN HEALTH PLAN	604.38	103.52	707.90	1,504.13	259.07	1,763.20
	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
	HEALTH TRADITION	604.38	47.92	652.30	1,504.13	120.07	1,624.20
*	DEAN HEALTH INSURANCE	604.38	19.22	623.60	1,504.13	48.37	1,552.50
3	STANDARD PLAN - BALANCE OF STATE	604.38	376.12	980.50	1,504.13	941.97	2,446.10
VILAS							
3	SECURITY HEALTH PLAN	743.61	276.99	1,020.60	1,853.67	691.33	2,545.00
*	ARISE HEALTH PLAN	743.61	174.09	917.70	1,853.67	434.03	2,287.70
*	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	743.61	236.89	980.50	1,853.67	592.43	2,446.10
	STATE MAINTENANCE PLAN	708.20	-	708.20	1,765.40	-	1,765.40

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
* = Not In Calculation - Plan Not Qualified in County or 1st Year in Service Area

Deductible HMO - Standard PPO - P04

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							
	ANTHEM BLUE SOUTHEAST	552.30	167.80	720.10	1,373.93	419.77	1,793.70
3	HUMANA EASTERN	552.30	490.80	1,043.10	1,373.93	1,227.27	2,601.20
	UNITY COMMUNITY	552.30	23.30	575.60	1,373.93	58.57	1,432.50
	MERCYCARE HEALTH PLAN	526.00	-	526.00	1,308.50	-	1,308.50
	WEA TRUST PPO - EAST	552.30	187.30	739.60	1,373.93	468.57	1,842.50
	UNITEDHEALTHCARE	552.30	220.80	773.10	1,373.93	552.27	1,926.20
*	DEAN HEALTH INSURANCE	552.30	71.30	623.60	1,373.93	178.57	1,552.50
*	PHYSICIANS PLUS	552.30	53.60	605.90	1,373.93	134.27	1,508.20
3	STANDARD PLAN - BALANCE OF STATE	552.30	428.20	980.50	1,373.93	1,072.17	2,446.10
WASHBURN							
	GHC EAU CLAIRE	908.15	127.05	1,035.20	2,263.49	318.01	2,581.50
3	SECURITY HEALTH PLAN	908.15	112.45	1,020.60	2,263.49	281.51	2,545.00
	WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
	WPS METRO CHOICE NW	908.15	141.05	1,049.20	2,263.49	353.01	2,616.50
*	GUNDERSEN HEALTH PLAN	707.90	-	707.90	1,763.20	-	1,763.20
*	HEALTHPARTNERS	826.60	-	826.60	2,060.00	-	2,060.00
3	STANDARD PLAN - BALANCE OF STATE	908.15	72.35	980.50	2,263.49	182.61	2,446.10
WASHINGTON							
	ANTHEM BLUE SOUTHEAST	720.10	-	720.10	1,793.70	-	1,793.70
3	HUMANA EASTERN	756.11	286.99	1,043.10	1,883.39	717.81	2,601.20
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
	UNITEDHEALTHCARE	756.11	16.99	773.10	1,883.39	42.81	1,926.20
3	WPS METRO CHOICE SE	756.11	516.29	1,272.40	1,883.39	1,291.11	3,174.50
3	STANDARD PLAN - WAUKESHA	756.11	224.39	980.50	1,883.39	562.71	2,446.10
WAUKESHA							
	ANTHEM BLUE SOUTHEAST	720.10	-	720.10	1,793.70	-	1,793.70
*	DEAN HEALTH INSURANCE	623.60	-	623.60	1,552.50	-	1,552.50
3	HUMANA EASTERN	756.11	286.99	1,043.10	1,883.39	717.81	2,601.20
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
	UNITEDHEALTHCARE	756.11	16.99	773.10	1,883.39	42.81	1,926.20
3	WPS METRO CHOICE SE	756.11	516.29	1,272.40	1,883.39	1,291.11	3,174.50
3	STANDARD PLAN - WAUKESHA	756.11	224.39	980.50	1,883.39	562.71	2,446.10
WAUPACA							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
3	HUMANA EASTERN	705.50	337.60	1,043.10	1,756.86	844.34	2,601.20
	ARISE HEALTH PLAN	705.50	212.20	917.70	1,756.86	530.84	2,287.70
	NETWORK HEALTH	705.50	16.20	721.70	1,756.86	40.84	1,797.70
3	SECURITY HEALTH PLAN	705.50	315.10	1,020.60	1,756.86	788.14	2,545.00
	WEA TRUST PPO - EAST	705.50	34.10	739.60	1,756.86	85.64	1,842.50
	UNITEDHEALTHCARE	705.50	67.60	773.10	1,756.86	169.34	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	705.50	275.00	980.50	1,756.86	689.24	2,446.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Deductible HMO - Standard PPO - P04

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 NORTHEAST	636.20	35.70	671.90	1,583.61	89.59	1,673.20
3	HUMANA EASTERN	636.20	406.90	1,043.10	1,583.61	1,017.59	2,601.20
	NETWORK HEALTH	636.20	85.50	721.70	1,583.61	214.09	1,797.70
3	SECURITY HEALTH PLAN	636.20	384.40	1,020.60	1,583.61	961.39	2,545.00
	PHYSICIANS PLUS	605.90	-	605.90	1,508.20	-	1,508.20
	WEA TRUST PPO - EAST	636.20	103.40	739.60	1,583.61	258.89	1,842.50
	UNITEDHEALTHCARE	636.20	136.90	773.10	1,583.61	342.59	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	636.20	344.30	980.50	1,583.61	862.49	2,446.10
WINNEBAGO							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
3	HUMANA EASTERN	705.50	337.60	1,043.10	1,756.86	844.34	2,601.20
	ARISE HEALTH PLAN	705.50	212.20	917.70	1,756.86	530.84	2,287.70
	NETWORK HEALTH	705.50	16.20	721.70	1,756.86	40.84	1,797.70
	WEA TRUST PPO - EAST	705.50	34.10	739.60	1,756.86	85.64	1,842.50
	UNITEDHEALTHCARE	705.50	67.60	773.10	1,756.86	169.34	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	705.50	275.00	980.50	1,756.86	689.24	2,446.10
WOOD							
	ARISE HEALTH PLAN	776.58	141.12	917.70	1,934.63	353.07	2,287.70
3	SECURITY HEALTH PLAN	776.58	244.02	1,020.60	1,934.63	610.37	2,545.00
	WEA TRUST PPO - EAST	739.60	-	739.60	1,842.50	-	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	776.58	203.92	980.50	1,934.63	511.47	2,446.10