2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
ADAMS							
	DEAN HEALTH INSURANCE	559.83	63.77	623.60	1,393.85	158.65	1,552.50
	UNITY COMMUNITY	559.83	15.77	575.60	1,393.85	38.65	1,432.50
3	SECURITY HEALTH PLAN	559.83	460.77	1,020.60	1,393.85	1,151.15	2,545.00
	PHYSICIANS PLUS	559.83	46.07	605.90	1,393.85	114.35	1,508.20
	WEA TRUST PPO - EAST	559.83	179.77	739.60	1,393.85	448.65	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	559.83	420.67	980.50	1,393.85	1,052.25	2,446.10
ASHLAND							
	GHC EAU CLAIRE	836.04	199.16	1,035.20	2,084.37	497.13	2,581.50
3	SECURITY HEALTH PLAN	836.04	184.56	1,020.60	2,084.37	460.63	2,545.00
	WEA TRUST PPO - NORTHWEST	836.04	28.86	864.90	2,084.37	71.33	2,155.70
*	HEALTHPARTNERS	826.60	-	826.60	2,060.00	-	2,060.00
3	STANDARD PLAN - BALANCE OF STATE	836.04	144.46	980.50	2,084.37	361.73	2,446.10
BARRON							
	HUMANA WESTERN	867.45	175.65	1,043.10	2,162.86	438.34	2,601.20
3	SECURITY HEALTH PLAN	867.45	153.15	1,020.60	2,162.86	382.14	2,545.00
	WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
	WPS METRO CHOICE NW	867.45	181.75	1,049.20	2,162.86	453.64	2,616.50
*	GUNDERSEN HEALTH PLAN	707.90	-	707.90	1,763.20	-	1,763.20
3	STANDARD PLAN - BALANCE OF STATE	867.45	113.05	980.50	2,162.86	283.24	2,446.10
BAYFIELD							
*	GHC EAU CLAIRE	623.22	411.98	1,035.20	1,553.55	1,027.95	2,581.50
*	SECURITY HEALTH PLAN	623.22	397.38	1,020.60	1,553.55	991.45	2,545.00
*	HEALTHPARTNERS	623.22	203.38	826.60	1,553.55	506.45	2,060.00
*	WEA TRUST PPO - NORTHWEST	623.22	241.68	864.90	1,553.55	602.15	2,155.70
3	STANDARD PLAN - BALANCE OF STATE	623.22	357.28	980.50	1,553.55	892.55	2,446.10
	STATE MAINTENANCE PLAN	623.22	84.98	708.20	1,553.55	211.85	1,765.40
BROWN							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
*	DEAN HEALTH INSURANCE PREVEA360	673.02	88.28	761.30	1,676.80	219.90	1,896.70
3	HUMANA EASTERN	673.02	370.08	1,043.10	1,676.80	924.40	2,601.20
	ARISE HEALTH PLAN	673.02	244.68	917.70	1,676.80	610.90	2,287.70
	NETWORK HEALTH	673.02	48.68	721.70	1,676.80	120.90	1,797.70
	WEA TRUST PPO - EAST	673.02	66.58	739.60	1,676.80	165.70	1,842.50
	UNITEDHEALTHCARE	673.02	100.08	773.10	1,676.80	249.40	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	673.02	307.48	980.50	1,676.80	769.30	2,446.10
BUFFALO							
*	HEALTH TRADITION	623.22	29.08	652.30	1,553.55	70.65	1,624.20
*	WEA TRUST PPO - NORTHWEST	623.22	241.68	864.90	1,553.55	602.15	2,155.70
3	STANDARD PLAN - BALANCE OF STATE	623.22	357.28	980.50	1,553.55	892.55	2,446.10
	STATE MAINTENANCE PLAN	623.22	84.98	708.20	1,553.55	211.85	1,765.40

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
BURNETT							
	GHC EAU CLAIRE	830.70	204.50	1,035.20	2,071.01	510.49	2,581.50
	HEALTHPARTNERS	826.60	-	826.60	2,060.00	-	2,060.00
	WEA TRUST PPO - NORTHWEST	830.70	34.20	864.90	2,071.01	84.69	2,155.70
	WPS METRO CHOICE NW	830.70	218.50	1,049.20	2,071.01	545.49	2,616.50
3	STANDARD PLAN - BALANCE OF STATE	830.70	149.80	980.50	2,071.01	375.09	2,446.10
CALUMET							
	ANTHEM BLUE NORTHEAST	635.57	36.33	671.90	1,583.15	90.05	1,673.20
3	HUMANA EASTERN	635.57	407.53	1,043.10	1,583.15	1,018.05	2,601.20
	NETWORK HEALTH	635.57	86.13	721.70	1,583.15	214.55	1,797.70
	UNITEDHEALTHCARE	635.57	137.53	773.10	1,583.15	343.05	1,926.20
*	ARISE HEALTH PLAN	635.57	282.13	917.70	1,583.15	704.55	2,287.70
*	WEA TRUST PPO - EAST	635.57	104.03	739.60	1,583.15	259.35	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	635.57	344.93	980.50	1,583.15	862.95	2,446.10
CHIPPEWA							
	HUMANA WESTERN	806.32	236.78	1,043.10	2,010.05	591.15	2,601.20
	GUNDERSEN HEALTH PLAN	707.90	-	707.90	1,763.20	-	1,763.20
3	SECURITY HEALTH PLAN	806.32	214.28	1,020.60	2,010.05	534.95	2,545.00
	WEA TRUST PPO - NORTHWEST	806.32	58.58	864.90	2,010.05	145.65	2,155.70
	WPS METRO CHOICE NW	806.32	242.88	1,049.20	2,010.05	606.45	2,616.50
3	STANDARD PLAN - BALANCE OF STATE	806.32	174.18	980.50	2,010.05	436.05	2,446.10
CLARK							
	GUNDERSEN HEALTH PLAN	692.03	15.87	707.90	1,724.32	38.88	1,763.20
3	SECURITY HEALTH PLAN	692.03	328.57	1,020.60	1,724.32	820.68	2,545.00
	WEA TRUST PPO - NORTHWEST	692.03	172.87	864.90	1,724.32	431.38	2,155.70
*	ARISE HEALTH PLAN	692.03	225.67	917.70	1,724.32	563.38	2,287.70
3	STANDARD PLAN - BALANCE OF STATE	692.03	288.47	980.50	1,724.32	721.78	2,446.10
COLUMBIA							
	DEAN HEALTH INSURANCE	559.83	63.77	623.60	1,393.85	158.65	1,552.50
	UNITY COMMUNITY	559.83	15.77	575.60	1,393.85	38.65	1,432.50
	PHYSICIANS PLUS	559.83	46.07	605.90	1,393.85	114.35	1,508.20
	WEA TRUST PPO - EAST	559.83	179.77	739.60	1,393.85	448.65	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	559.83	420.67	980.50	1,393.85	1,052.25	2,446.10
CRAWFORD							
	GUNDERSEN HEALTH PLAN	598.49	109.41	707.90	1,490.46	272.74	1,763.20
	HEALTH TRADITION	598.49	53.81	652.30	1,490.46	133.74	1,624.20
*	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
*	MEDICAL ASSOCIATES HEALTH PLAN	598.49	30.61	629.10	1,490.46	75.74	1,566.20
3	STANDARD PLAN - BALANCE OF STATE	598.49	382.01	980.50	1,490.46	955.64	2,446.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
DANE							
	DEAN HEALTH INSURANCE	509.45	114.15	623.60	1,267.90	284.60	1,552.50
	GHC SOUTH CENTRAL WI	509.45	48.15	557.60	1,267.90	119.60	1,387.50
	PHYSICIANS PLUS	509.45	96.45	605.90	1,267.90	240.30	1,508.20
*	WEA TRUST PPO - SOUTH CENTRAL	509.45	211.95	721.40	1,267.90	529.10	1,797.00
	UNITY UW	509.45	19.15	528.60	1,267.90	47.10	1,315.00
3	STANDARD PLAN - DANE	509.45	401.75	911.20	1,267.90	1,003.90	2,271.80
DODGE							
	ANTHEM BLUE SOUTHEAST	609.21	110.89	720.10	1,517.28	276.42	1,793.70
	DEAN HEALTH INSURANCE	609.21	14.39	623.60	1,517.28	35.22	1,552.50
3	HUMANA EASTERN	609.21	433.89	1,043.10	1,517.28	1,083.92	2,601.20
	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
	NETWORK HEALTH	609.21	112.49	721.70	1,517.28	280.42	1,797.70
	WEA TRUST PPO - EAST	609.21	130.39	739.60	1,517.28	325.22	1,842.50
	UNITEDHEALTHCARE	609.21	163.89	773.10	1,517.28	408.92	1,926.20
*	ARISE HEALTH PLAN	609.21	308.49	917.70	1,517.28	770.42	2,287.70
3	WPS METRO CHOICE SE	609.21	663.19	1,272.40	1,517.28	1,657.22	3,174.50
3	STANDARD PLAN - BALANCE OF STATE	609.21	371.29	980.50	1,517.28	928.82	2,446.10
DOOR							
	ANTHEM BLUE NORTHEAST	639.39	32.51	671.90	1,592.71	80.49	1,673.20
3	HUMANA EASTERN	639.39	403.71	1,043.10	1,592.71	1,008.49	2,601.20
	NETWORK HEALTH	639.39	82.31	721.70	1,592.71	204.99	1,797.70
	WEA TRUST PPO - EAST	639.39	100.21	739.60	1,592.71	249.79	1,842.50
	UNITEDHEALTHCARE	639.39	133.71	773.10	1,592.71	333.49	1,926.20
*	DEAN HEALTH INSURANCE PREVEA360	639.39	121.91	761.30	1,592.71	303.99	1,896.70
*	ARISE HEALTH PLAN	639.39	278.31	917.70	1,592.71	694.99	2,287.70
3	STANDARD PLAN - BALANCE OF STATE	639.39	341.11	980.50	1,592.71	853.39	2,446.10
DOUGLAS							
	HUMANA WESTERN	829.36	213.74	1,043.10	2,067.65	533.55	2,601.20
	GHC EAU CLAIRE	829.36	205.84	1,035.20	2,067.65	513.85	2,581.50
3	SECURITY HEALTH PLAN	829.36	191.24	1,020.60	2,067.65	477.35	2,545.00
	HEALTHPARTNERS	826.60	-	826.60	2,060.00	-	2,060.00
	WEA TRUST PPO - NORTHWEST	829.36	35.54	864.90	2,067.65	88.05	2,155.70
3	STANDARD PLAN - BALANCE OF STATE	829.36	151.14	980.50	2,067.65	378.45	2,446.10
DUNN							
	HUMANA WESTERN	867.45	175.65	1,043.10	2,162.86	438.34	2,601.20
	WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
	WPS METRO CHOICE NW	867.45	181.75	1,049.20	2,162.86	453.64	2,616.50
3	STANDARD PLAN - BALANCE OF STATE	867.45	113.05	980.50	2,162.86	283.24	2,446.10

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Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
EAU CLAIRE							
	HUMANA WESTERN	806.32	236.78	1,043.10	2,010.05	591.15	2,601.20
	GUNDERSEN HEALTH PLAN	707.90	-	707.90	1,763.20	-	1,763.20
3	SECURITY HEALTH PLAN	806.32	214.28	1,020.60	2,010.05	534.95	2,545.00
	WEA TRUST PPO - NORTHWEST	806.32	58.58	864.90	2,010.05	145.65	2,155.70
	WPS METRO CHOICE NW	806.32	242.88	1,049.20	2,010.05	606.45	2,616.50
3	STANDARD PLAN - BALANCE OF STATE	806.32	174.18	980.50	2,010.05	436.05	2,446.10
FLORENCE							
*	ARISE HEALTH PLAN	623.22	294.48	917.70	1,553.55	734.15	2,287.70
*	WEA TRUST PPO - EAST	623.22	116.38	739.60	1,553.55	288.95	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	623.22	357.28	980.50	1,553.55	892.55	2,446.10
	STATE MAINTENANCE PLAN	623.22	84.98	708.20	1,553.55	211.85	1,765.40
FOND DU LAC							
	ANTHEM BLUE NORTHEAST	631.49	40.41	671.90	1,572.97	100.23	1,673.20
	DEAN HEALTH INSURANCE	623.60	-	623.60	1,552.50	-	1,552.50
3	HUMANA EASTERN	631.49	411.61	1,043.10	1,572.97	1,028.23	2,601.20
	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
	ARISE HEALTH PLAN	631.49	286.21	917.70	1,572.97	714.73	2,287.70
	NETWORK HEALTH	631.49	90.21	721.70	1,572.97	224.73	1,797.70
	WEA TRUST PPO - EAST	631.49	108.11	739.60	1,572.97	269.53	1,842.50
	UNITEDHEALTHCARE	631.49	141.61	773.10	1,572.97	353.23	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	631.49	349.01	980.50	1,572.97	873.13	2,446.10
FOREST							
*	ARISE HEALTH PLAN	623.22	294.48	917.70	1,553.55	734.15	2,287.70
*	SECURITY HEALTH PLAN	623.22	397.38	1,020.60	1,553.55	991.45	2,545.00
*	WEA TRUST PPO - EAST	623.22	116.38	739.60	1,553.55	288.95	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	623.22	357.28	980.50	1,553.55	892.55	2,446.10
	STATE MAINTENANCE PLAN	623.22	84.98	708.20	1,553.55	211.85	1,765.40
GRANT							
	DEAN HEALTH INSURANCE	556.51	67.09	623.60	1,385.53	166.97	1,552.50
	GUNDERSEN HEALTH PLAN	556.51	151.39	707.90	1,385.53	377.67	1,763.20
	UNITY COMMUNITY	556.51	19.09	575.60	1,385.53	46.97	1,432.50
	HEALTH TRADITION	556.51	95.79	652.30	1,385.53	238.67	1,624.20
	MEDICAL ASSOCIATES HEALTH PLAN	556.51	72.59	629.10	1,385.53	180.67	1,566.20
	PHYSICIANS PLUS	556.51	49.39	605.90	1,385.53	122.67	1,508.20
3	STANDARD PLAN - DANE	556.51	354.69	911.20	1,385.53	886.27	2,271.80
GREEN							
	DEAN HEALTH INSURANCE	527.65	95.95	623.60	1,313.40	239.10	1,552.50
3	HUMANA EASTERN	527.65	515.45	1,043.10	1,313.40	1,287.80	2,601.20
	UNITY COMMUNITY	527.65	47.95	575.60	1,313.40	119.10	1,432.50
*	MERCYCARE HEALTH PLAN	526.00	-	526.00	1,308.50	-	1,308.50
3	STANDARD PLAN - BALANCE OF STATE	527.65	452.85	980.50	1,313.40	1,132.70	2,446.10

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Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
GREEN LAKE							
	ANTHEM BLUE NORTHEAST	639.39	32.51	671.90	1,592.71	80.49	1,673.20
3	HUMANA EASTERN	639.39	403.71	1,043.10	1,592.71	1,008.49	2,601.20
	NETWORK HEALTH	639.39	82.31	721.70	1,592.71	204.99	1,797.70
	WEA TRUST PPO - EAST	639.39	100.21	739.60	1,592.71	249.79	1,842.50
	UNITEDHEALTHCARE	639.39	133.71	773.10	1,592.71	333.49	1,926.20
*	DEAN HEALTH INSURANCE	623.60	-	623.60	1,552.50	-	1,552.50
*	ARISE HEALTH PLAN	639.39	278.31	917.70	1,592.71	694.99	2,287.70
*	PHYSICIANS PLUS	605.90	-	605.90	1,508.20	-	1,508.20
3	STANDARD PLAN - BALANCE OF STATE	639.39	341.11	980.50	1,592.71	853.39	2,446.10
IOWA							
	DEAN HEALTH INSURANCE	535.52	88.08	623.60	1,333.07	219.43	1,552.50
	UNITY COMMUNITY	535.52	40.08	575.60	1,333.07	99.43	1,432.50
	MEDICAL ASSOCIATES HEALTH PLAN	535.52	93.58	629.10	1,333.07	233.13	1,566.20
	PHYSICIANS PLUS	535.52	70.38	605.90	1,333.07	175.13	1,508.20
3	STANDARD PLAN - BALANCE OF STATE	535.52	444.98	980.50	1,333.07	1,113.03	2,446.10
IRON							
*	SECURITY HEALTH PLAN	623.22	397.38	1,020.60	1,553.55	991.45	2,545.00
*	WEA TRUST PPO - NORTHWEST	623.22	241.68	864.90	1,553.55	602.15	2,155.70
3	STANDARD PLAN - BALANCE OF STATE	623.22	357.28	980.50	1,553.55	892.55	2,446.10
	STATE MAINTENANCE PLAN	623.22	84.98	708.20	1,553.55	211.85	1,765.40
JACKSON							
	GUNDERSEN HEALTH PLAN	652.70	55.20	707.90	1,625.98	137.22	1,763.20
	HEALTH TRADITION	652.30	-	652.30	1,624.20	-	1,624.20
3	SECURITY HEALTH PLAN	652.70	367.90	1,020.60	1,625.98	919.02	2,545.00
	WEA TRUST PPO - NORTHWEST	652.70	212.20	864.90	1,625.98	529.72	2,155.70
3	STANDARD PLAN - BALANCE OF STATE	652.70	327.80	980.50	1,625.98	820.12	2,446.10
JEFFERSON							
	ANTHEM BLUE SOUTHEAST	573.75	146.35	720.10	1,428.63	365.07	1,793.70
	DEAN HEALTH INSURANCE	573.75	49.85	623.60	1,428.63	123.87	1,552.50
3	HUMANA EASTERN	573.75	469.35	1,043.10	1,428.63	1,172.57	2,601.20
	UNITY COMMUNITY	573.75	1.85	575.60	1,428.63	3.87	1,432.50
	MERCYCARE HEALTH PLAN	526.00	-	526.00	1,308.50	-	1,308.50
	PHYSICIANS PLUS	573.75	32.15	605.90	1,428.63	79.57	1,508.20
	WEA TRUST PPO - EAST	573.75	165.85	739.60	1,428.63	413.87	1,842.50
	UNITEDHEALTHCARE	573.75	199.35	773.10	1,428.63	497.57	1,926.20
3	WPS METRO CHOICE SE	573.75	698.65	1,272.40	1,428.63	1,745.87	3,174.50
3	STANDARD PLAN - DANE	573.75	337.45	911.20	1,428.63	843.17	2,271.80

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Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
JUNEAU							
	GUNDERSEN HEALTH PLAN	588.59	119.31	707.90	1,465.73	297.47	1,763.20
	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
	HEALTH TRADITION	588.59	63.71	652.30	1,465.73	158.47	1,624.20
3	SECURITY HEALTH PLAN	588.59	432.01	1,020.60	1,465.73	1,079.27	2,545.00
	WEA TRUST PPO - EAST	588.59	151.01	739.60	1,465.73	376.77	1,842.50
*	DEAN HEALTH INSURANCE	588.59	35.01	623.60	1,465.73	86.77	1,552.50
3	STANDARD PLAN - BALANCE OF STATE	588.59	391.91	980.50	1,465.73	980.37	2,446.10
KENOSHA							
	ANTHEM BLUE SOUTHEAST	654.95	65.15	720.10	1,631.64	162.06	1,793.70
3	HUMANA EASTERN	654.95	388.15	1,043.10	1,631.64	969.56	2,601.20
	WEA TRUST PPO - EAST	654.95	84.65	739.60	1,631.64	210.86	1,842.50
	UNITEDHEALTHCARE	654.95	118.15	773.10	1,631.64	294.56	1,926.20
3	STANDARD PLAN - WAUKESHA	654.95	325.55	980.50	1,631.64	814.46	2,446.10
KEWAUNEE							
	ANTHEM BLUE NORTHEAST	671.20	0.70	671.90	1,672.24	0.96	1,673.20
	ARISE HEALTH PLAN	671.20	246.50	917.70	1,672.24	615.46	2,287.70
	NETWORK HEALTH	671.20	50.50	721.70	1,672.24	125.46	1,797.70
	WEA TRUST PPO - EAST	671.20	68.40	739.60	1,672.24	170.26	1,842.50
*	DEAN HEALTH INSURANCE PREVEA360	671.20	90.10	761.30	1,672.24	224.46	1,896.70
*	HUMANA EASTERN	671.20	371.90	1,043.10	1,672.24	928.96	2,601.20
*	UNITEDHEALTHCARE	671.20	101.90	773.10	1,672.24	253.96	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	671.20	309.30	980.50	1,672.24	773.86	2,446.10
LACROSSE							
	GUNDERSEN HEALTH PLAN	598.49	109.41	707.90	1,490.46	272.74	1,763.20
	HEALTH TRADITION	598.49	53.81	652.30	1,490.46	133.74	1,624.20
3	STANDARD PLAN - DANE	598.49	312.71	911.20	1,490.46	781.34	2,271.80
LAFAYETTE							
	MEDICAL ASSOCIATES HEALTH PLAN	553.61	75.49	629.10	1,378.26	187.94	1,566.20
*	DEAN HEALTH INSURANCE	553.61	69.99	623.60	1,378.26	174.24	1,552.50
*	UNITY COMMUNITY	553.61	21.99	575.60	1,378.26	54.24	1,432.50
*	PHYSICIANS PLUS	553.61	52.29	605.90	1,378.26	129.94	1,508.20
3	STANDARD PLAN - BALANCE OF STATE	553.61	426.89	980.50	1,378.26	1,067.84	2,446.10
LANGLADE							
	ARISE HEALTH PLAN	729.21	188.49	917.70	1,817.29	470.41	2,287.70
3	SECURITY HEALTH PLAN	729.21	291.39	1,020.60	1,817.29	727.71	2,545.00
	WEA TRUST PPO - EAST	729.21	10.39	739.60	1,817.29	25.21	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	729.21	251.29	980.50	1,817.29	628.81	2,446.10
LINCOLN							
3	SECURITY HEALTH PLAN	650.85	369.75	1,020.60	1,621.40	923.60	2,545.00
	WEA TRUST PPO - EAST	650.85	88.75	739.60	1,621.40	221.10	1,842.50
*	ARISE HEALTH PLAN	650.85	266.85	917.70	1,621.40	666.30	2,287.70
3	STANDARD PLAN - BALANCE OF STATE	650.85	329.65	980.50	1,621.40	824.70	2,446.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
MANITOWOC							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
*	DEAN HEALTH INSURANCE PREVEA360	673.02	88.28	761.30	1,676.80	219.90	1,896.70
3	HUMANA EASTERN	673.02	370.08	1,043.10	1,676.80	924.40	2,601.20
	ARISE HEALTH PLAN	673.02	244.68	917.70	1,676.80	610.90	2,287.70
	NETWORK HEALTH	673.02	48.68	721.70	1,676.80	120.90	1,797.70
	WEA TRUST PPO - EAST	673.02	66.58	739.60	1,676.80	165.70	1,842.50
	UNITEDHEALTHCARE	673.02	100.08	773.10	1,676.80	249.40	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	673.02	307.48	980.50	1,676.80	769.30	2,446.10
MARATHON							
	ARISE HEALTH PLAN	729.21	188.49	917.70	1,817.29	470.41	2,287.70
3	SECURITY HEALTH PLAN	729.21	291.39	1,020.60	1,817.29	727.71	2,545.00
	WEA TRUST PPO - EAST	729.21	10.39	739.60	1,817.29	25.21	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	729.21	251.29	980.50	1,817.29	628.81	2,446.10
MARINETTE							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
3	HUMANA EASTERN	682.51	360.59	1,043.10	1,700.51	900.69	2,601.20
	ARISE HEALTH PLAN	682.51	235.19	917.70	1,700.51	587.19	2,287.70
	WEA TRUST PPO - EAST	682.51	57.09	739.60	1,700.51	141.99	1,842.50
	UNITEDHEALTHCARE	682.51	90.59	773.10	1,700.51	225.69	1,926.20
*	DEAN HEALTH INSURANCE PREVEA360	682.51	78.79	761.30	1,700.51	196.19	1,896.70
3	STANDARD PLAN - BALANCE OF STATE	682.51	297.99	980.50	1,700.51	745.59	2,446.10
MARQUETTE							
	PHYSICIANS PLUS	592.02	13.88	605.90	1,474.31	33.89	1,508.20
	WEA TRUST PPO - EAST	592.02	147.58	739.60	1,474.31	368.19	1,842.50
*	UNITY COMMUNITY	575.60	-	575.60	1,432.50	-	1,432.50
*	NETWORK HEALTH	592.02	129.68	721.70	1,474.31	323.39	1,797.70
*	UNITEDHEALTHCARE	592.02	181.08	773.10	1,474.31	451.89	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	592.02	388.48	980.50	1,474.31	971.79	2,446.10
MENOMINEE							
*	DEAN HEALTH INSURANCE PREVEA360	623.22	138.08	761.30	1,553.55	343.15	1,896.70
*	WEA TRUST PPO - EAST	623.22	116.38	739.60	1,553.55	288.95	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	623.22	357.28	980.50	1,553.55	892.55	2,446.10
	STATE MAINTENANCE PLAN	623.22	84.98	708.20	1,553.55	211.85	1,765.40
MILWAUKEE							
	ANTHEM BLUE SOUTHEAST	654.95	65.15	720.10	1,631.64	162.06	1,793.70
3	HUMANA EASTERN	654.95	388.15	1,043.10	1,631.64	969.56	2,601.20
	WEA TRUST PPO - EAST	654.95	84.65	739.60	1,631.64	210.86	1,842.50
	UNITEDHEALTHCARE	654.95	118.15	773.10	1,631.64	294.56	1,926.20
3	WPS METRO CHOICE SE	654.95	617.45	1,272.40	1,631.64	1,542.86	3,174.50
3	STANDARD PLAN - MILWAUKEE	654.95	402.75	1,057.70	1,631.64	1,005.96	2,637.60

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
MONROE							
	GUNDERSEN HEALTH PLAN	598.49	109.41	707.90	1,490.46	272.74	1,763.20
	HEALTH TRADITION	598.49	53.81	652.30	1,490.46	133.74	1,624.20
3	STANDARD PLAN - BALANCE OF STATE	598.49	382.01	980.50	1,490.46	955.64	2,446.10
OCONTO							
	ANTHEM BLUE NORTHEAST	671.20	0.70	671.90	1,672.24	0.96	1,673.20
*	DEAN HEALTH INSURANCE PREVEA360	671.20	90.10	761.30	1,672.24	224.46	1,896.70
3	HUMANA EASTERN	671.20	371.90	1,043.10	1,672.24	928.96	2,601.20
	ARISE HEALTH PLAN	671.20	246.50	917.70	1,672.24	615.46	2,287.70
	NETWORK HEALTH	671.20	50.50	721.70	1,672.24	125.46	1,797.70
	WEA TRUST PPO - EAST	671.20	68.40	739.60	1,672.24	170.26	1,842.50
*	UNITEDHEALTHCARE	671.20	101.90	773.10	1,672.24	253.96	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	671.20	309.30	980.50	1,672.24	773.86	2,446.10
ONEIDA							
3	SECURITY HEALTH PLAN	650.85	369.75	1,020.60	1,621.40	923.60	2,545.00
	WEA TRUST PPO - EAST	650.85	88.75	739.60	1,621.40	221.10	1,842.50
*	ARISE HEALTH PLAN	650.85	266.85	917.70	1,621.40	666.30	2,287.70
3	STANDARD PLAN - BALANCE OF STATE	650.85	329.65	980.50	1,621.40	824.70	2,446.10
OUTAGAMIE							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
3	HUMANA EASTERN	673.02	370.08	1,043.10	1,676.80	924.40	2,601.20
	ARISE HEALTH PLAN	673.02	244.68	917.70	1,676.80	610.90	2,287.70
	NETWORK HEALTH	673.02	48.68	721.70	1,676.80	120.90	1,797.70
	WEA TRUST PPO - EAST	673.02	66.58	739.60	1,676.80	165.70	1,842.50
	UNITEDHEALTHCARE	673.02	100.08	773.10	1,676.80	249.40	1,926.20
*	DEAN HEALTH INSURANCE PREVEA360	673.02	88.28	761.30	1,676.80	219.90	1,896.70
3	STANDARD PLAN - BALANCE OF STATE	673.02	307.48	980.50	1,676.80	769.30	2,446.10
OZAUKEE							
	ANTHEM BLUE SOUTHEAST	654.95	65.15	720.10	1,631.64	162.06	1,793.70
3	HUMANA EASTERN	654.95	388.15	1,043.10	1,631.64	969.56	2,601.20
	WEA TRUST PPO - EAST	654.95	84.65	739.60	1,631.64	210.86	1,842.50
	UNITEDHEALTHCARE	654.95	118.15	773.10	1,631.64	294.56	1,926.20
3	WPS METRO CHOICE SE	654.95	617.45	1,272.40	1,631.64	1,542.86	3,174.50
3	STANDARD PLAN - WAUKESHA	654.95	325.55	980.50	1,631.64	814.46	2,446.10
PEPIN							
*	HUMANA WESTERN	623.22	419.88	1,043.10	1,553.55	1,047.65	2,601.20
*	SECURITY HEALTH PLAN	623.22	397.38	1,020.60	1,553.55	991.45	2,545.00
*	WEA TRUST PPO - NORTHWEST	623.22	241.68	864.90	1,553.55	602.15	2,155.70
3	STANDARD PLAN - BALANCE OF STATE	623.22	357.28	980.50	1,553.55	892.55	2,446.10
	STATE MAINTENANCE PLAN	623.22	84.98	708.20	1,553.55	211.85	1,765.40

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
PIERCE							
	HEALTHPARTNERS	803.94	22.66	826.60	2,004.11	55.89	2,060.00
	WEA TRUST PPO - NORTHWEST	803.94	60.96	864.90	2,004.11	151.59	2,155.70
	WPS METRO CHOICE NW	803.94	245.26	1,049.20	2,004.11	612.39	2,616.50
*	HUMANA WESTERN	803.94	239.16	1,043.10	2,004.11	597.09	2,601.20
3	STANDARD PLAN - BALANCE OF STATE	803.94	176.56	980.50	2,004.11	441.99	2,446.10
POLK							
	HEALTHPARTNERS	803.94	22.66	826.60	2,004.11	55.89	2,060.00
	WEA TRUST PPO - NORTHWEST	803.94	60.96	864.90	2,004.11	151.59	2,155.70
	WPS METRO CHOICE NW	803.94	245.26	1,049.20	2,004.11	612.39	2,616.50
*	HUMANA WESTERN	803.94	239.16	1,043.10	2,004.11	597.09	2,601.20
3	STANDARD PLAN - DANE	803.94	107.26	911.20	2,004.11	267.69	2,271.80
PORTAGE							
3	SECURITY HEALTH PLAN	650.85	369.75	1,020.60	1,621.40	923.60	2,545.00
	WEA TRUST PPO - EAST	650.85	88.75	739.60	1,621.40	221.10	1,842.50
*	ARISE HEALTH PLAN	650.85	266.85	917.70	1,621.40	666.30	2,287.70
3	STANDARD PLAN - BALANCE OF STATE	650.85	329.65	980.50	1,621.40	824.70	2,446.10
PRICE							
3	SECURITY HEALTH PLAN	650.85	369.75	1,020.60	1,621.40	923.60	2,545.00
	WEA TRUST PPO - EAST	650.85	88.75	739.60	1,621.40	221.10	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	650.85	329.65	980.50	1,621.40	824.70	2,446.10
RACINE							
	ANTHEM BLUE SOUTHEAST	654.95	65.15	720.10	1,631.64	162.06	1,793.70
3	HUMANA EASTERN	654.95	388.15	1,043.10	1,631.64	969.56	2,601.20
	WEA TRUST PPO - EAST	654.95	84.65	739.60	1,631.64	210.86	1,842.50
	UNITEDHEALTHCARE	654.95	118.15	773.10	1,631.64	294.56	1,926.20
3	WPS METRO CHOICE SE	654.95	617.45	1,272.40	1,631.64	1,542.86	3,174.50
3	STANDARD PLAN - WAUKESHA	654.95	325.55	980.50	1,631.64	814.46	2,446.10
RICHLAND							
	DEAN HEALTH INSURANCE	557.09	66.51	623.60	1,386.99	165.51	1,552.50
	GUNDERSEN HEALTH PLAN	557.09	150.81	707.90	1,386.99	376.21	1,763.20
	UNITY COMMUNITY	557.09	18.51	575.60	1,386.99	45.51	1,432.50
	HEALTH TRADITION	557.09	95.21	652.30	1,386.99	237.21	1,624.20
	PHYSICIANS PLUS	557.09	48.81	605.90	1,386.99	121.21	1,508.20
3	STANDARD PLAN - BALANCE OF STATE	557.09	423.41	980.50	1,386.99	1,059.11	2,446.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

			Single Coverage			Family Coverage		
			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
ROCK								
		ANTHEM BLUE SOUTHEAST	580.51	139.59	720.10	1,445.53	348.17	1,793.70
		DEAN HEALTH INSURANCE	580.51	43.09	623.60	1,445.53	106.97	1,552.50
	3	HUMANA EASTERN	580.51	462.59	1,043.10	1,445.53	1,155.67	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
		WEA TRUST PPO - EAST	580.51	159.09	739.60	1,445.53	396.97	1,842.50
		UNITEDHEALTHCARE	580.51	192.59	773.10	1,445.53	480.67	1,926.20
	*	PHYSICIANS PLUS	580.51	25.39	605.90	1,445.53	62.67	1,508.20
	3	STANDARD PLAN - BALANCE OF STATE	580.51	399.99	980.50	1,445.53	1,000.57	2,446.10
RUSK								
	3	SECURITY HEALTH PLAN	842.20	178.40	1,020.60	2,099.77	445.23	2,545.00
		WEA TRUST PPO - NORTHWEST	842.20	22.70	864.90	2,099.77	55.93	2,155.70
		WPS METRO CHOICE NW	842.20	207.00	1,049.20	2,099.77	516.73	2,616.50
	3	STANDARD PLAN - BALANCE OF STATE	842.20	138.30	980.50	2,099.77	346.33	2,446.10
SAUK								
		DEAN HEALTH INSURANCE	557.09	66.51	623.60	1,386.99	165.51	1,552.50
		GUNDERSEN HEALTH PLAN	557.09	150.81	707.90	1,386.99	376.21	1,763.20
		UNITY COMMUNITY	557.09	18.51	575.60	1,386.99	45.51	1,432.50
		HEALTH TRADITION	557.09	95.21	652.30	1,386.99	237.21	1,624.20
		PHYSICIANS PLUS	557.09	48.81	605.90	1,386.99	121.21	1,508.20
	3	STANDARD PLAN - BALANCE OF STATE	557.09	423.41	980.50	1,386.99	1,059.11	2,446.10
SAWYER								
		GHC EAU CLAIRE	836.04	199.16	1,035.20	2,084.37	497.13	2,581.50
	3	SECURITY HEALTH PLAN	836.04	184.56	1,020.60	2,084.37	460.63	2,545.00
		WEA TRUST PPO - NORTHWEST	836.04	28.86	864.90	2,084.37	71.33	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	836.04	213.16	1,049.20	2,084.37	532.13	2,616.50
	3	STANDARD PLAN - BALANCE OF STATE	836.04	144.46	980.50	2,084.37	361.73	2,446.10
SHAWANO								
		ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
	3	HUMANA EASTERN	673.02	370.08	1,043.10	1,676.80	924.40	2,601.20
		ARISE HEALTH PLAN	673.02	244.68	917.70	1,676.80	610.90	2,287.70
		NETWORK HEALTH	673.02	48.68	721.70	1,676.80	120.90	1,797.70
		WEA TRUST PPO - EAST	673.02	66.58	739.60	1,676.80	165.70	1,842.50
		UNITEDHEALTHCARE	673.02	100.08	773.10	1,676.80	249.40	1,926.20
	*	DEAN HEALTH INSURANCE PREVEA360	673.02	88.28	761.30	1,676.80	219.90	1,896.70
	3	STANDARD PLAN - BALANCE OF STATE	673.02	307.48	980.50	1,676.80	769.30	2,446.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
SHEBOYGAN							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
*	DEAN HEALTH INSURANCE PREVEA360	673.02	88.28	761.30	1,676.80	219.90	1,896.70
3	HUMANA EASTERN	673.02	370.08	1,043.10	1,676.80	924.40	2,601.20
	ARISE HEALTH PLAN	673.02	244.68	917.70	1,676.80	610.90	2,287.70
	NETWORK HEALTH	673.02	48.68	721.70	1,676.80	120.90	1,797.70
	WEA TRUST PPO - EAST	673.02	66.58	739.60	1,676.80	165.70	1,842.50
	UNITEDHEALTHCARE	673.02	100.08	773.10	1,676.80	249.40	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	673.02	307.48	980.50	1,676.80	769.30	2,446.10
ST. CROIX							
	HUMANA WESTERN	832.44	210.66	1,043.10	2,075.35	525.85	2,601.20
	HEALTHPARTNERS	826.60	-	826.60	2,060.00	-	2,060.00
	WEA TRUST PPO - NORTHWEST	832.44	32.46	864.90	2,075.35	80.35	2,155.70
	WPS METRO CHOICE NW	832.44	216.76	1,049.20	2,075.35	541.15	2,616.50
3	STANDARD PLAN - DANE	832.44	78.76	911.20	2,075.35	196.45	2,271.80
TAYLOR							
	ARISE HEALTH PLAN	729.21	188.49	917.70	1,817.29	470.41	2,287.70
3	SECURITY HEALTH PLAN	729.21	291.39	1,020.60	1,817.29	727.71	2,545.00
	WEA TRUST PPO - EAST	729.21	10.39	739.60	1,817.29	25.21	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	729.21	251.29	980.50	1,817.29	628.81	2,446.10
TREMPEALEAU							
	GUNDERSEN HEALTH PLAN	692.03	15.87	707.90	1,724.32	38.88	1,763.20
	WEA TRUST PPO - NORTHWEST	692.03	172.87	864.90	1,724.32	431.38	2,155.70
*	HEALTH TRADITION	652.30	-	652.30	1,624.20	-	1,624.20
3	STANDARD PLAN - BALANCE OF STATE	692.03	288.47	980.50	1,724.32	721.78	2,446.10
VERNON							
	GUNDERSEN HEALTH PLAN	567.83	140.07	707.90	1,413.84	349.36	1,763.20
	UNITY COMMUNITY	567.83	7.77	575.60	1,413.84	18.66	1,432.50
	HEALTH TRADITION	567.83	84.47	652.30	1,413.84	210.36	1,624.20
*	DEAN HEALTH INSURANCE	567.83	55.77	623.60	1,413.84	138.66	1,552.50
3	STANDARD PLAN - BALANCE OF STATE	567.83	412.67	980.50	1,413.84	1,032.26	2,446.10
VILAS							
3	SECURITY HEALTH PLAN	623.22	397.38	1,020.60	1,553.55	991.45	2,545.00
*	ARISE HEALTH PLAN	623.22	294.48	917.70	1,553.55	734.15	2,287.70
*	WEA TRUST PPO - EAST	623.22	116.38	739.60	1,553.55	288.95	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	623.22	357.28	980.50	1,553.55	892.55	2,446.10
	STATE MAINTENANCE PLAN	623.22	84.98	708.20	1,553.55	211.85	1,765.40

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WALWORTH							
	ANTHEM BLUE SOUTHEAST	586.85	133.25	720.10	1,461.40	332.30	1,793.70
3	HUMANA EASTERN	586.85	456.25	1,043.10	1,461.40	1,139.80	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
	WEA TRUST PPO - EAST	586.85	152.75	739.60	1,461.40	381.10	1,842.50
	UNITEDHEALTHCARE	586.85	186.25	773.10	1,461.40	464.80	1,926.20
*	DEAN HEALTH INSURANCE	586.85	36.75	623.60	1,461.40	91.10	1,552.50
*	PHYSICIANS PLUS	586.85	19.05	605.90	1,461.40	46.80	1,508.20
3	STANDARD PLAN - BALANCE OF STATE	586.85	393.65	980.50	1,461.40	984.70	2,446.10
WASHBURN							
	GHC EAU CLAIRE	865.13	170.07	1,035.20	2,157.09	424.41	2,581.50
3	SECURITY HEALTH PLAN	865.13	155.47	1,020.60	2,157.09	387.91	2,545.00
	WEA TRUST PPO - NORTHWEST	864.90	-	864.90	2,155.70	-	2,155.70
	WPS METRO CHOICE NW	865.13	184.07	1,049.20	2,157.09	459.41	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	865.13	115.37	980.50	2,157.09	289.01	2,446.10
WASHINGTON							
	ANTHEM BLUE SOUTHEAST	654.95	65.15	720.10	1,631.64	162.06	1,793.70
3	HUMANA EASTERN	654.95	388.15	1,043.10	1,631.64	969.56	2,601.20
	WEA TRUST PPO - EAST	654.95	84.65	739.60	1,631.64	210.86	1,842.50
	UNITEDHEALTHCARE	654.95	118.15	773.10	1,631.64	294.56	1,926.20
3	WPS METRO CHOICE SE	654.95	617.45	1,272.40	1,631.64	1,542.86	3,174.50
3	STANDARD PLAN - WAUKESHA	654.95	325.55	980.50	1,631.64	814.46	2,446.10
WAUKESHA							
	ANTHEM BLUE SOUTHEAST	654.95	65.15	720.10	1,631.64	162.06	1,793.70
*	DEAN HEALTH INSURANCE	623.60	-	623.60	1,552.50	-	1,552.50
3	HUMANA EASTERN	654.95	388.15	1,043.10	1,631.64	969.56	2,601.20
	WEA TRUST PPO - EAST	654.95	84.65	739.60	1,631.64	210.86	1,842.50
	UNITEDHEALTHCARE	654.95	118.15	773.10	1,631.64	294.56	1,926.20
3	WPS METRO CHOICE SE	654.95	617.45	1,272.40	1,631.64	1,542.86	3,174.50
3	STANDARD PLAN - WAUKESHA	654.95	325.55	980.50	1,631.64	814.46	2,446.10
WAUPACA							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
3	HUMANA EASTERN	673.02	370.08	1,043.10	1,676.80	924.40	2,601.20
	ARISE HEALTH PLAN	673.02	244.68	917.70	1,676.80	610.90	2,287.70
	NETWORK HEALTH	673.02	48.68	721.70	1,676.80	120.90	1,797.70
3	SECURITY HEALTH PLAN	673.02	347.58	1,020.60	1,676.80	868.20	2,545.00
	WEA TRUST PPO - EAST	673.02	66.58	739.60	1,676.80	165.70	1,842.50
	UNITEDHEALTHCARE	673.02	100.08	773.10	1,676.80	249.40	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	673.02	307.48	980.50	1,676.80	769.30	2,446.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WAUSHARA							
	ANTHEM BLUE NORTHEAST	618.15	53.75	671.90	1,539.61	133.59	1,673.20
3	HUMANA EASTERN	618.15	424.95	1,043.10	1,539.61	1,061.59	2,601.20
	NETWORK HEALTH	618.15	103.55	721.70	1,539.61	258.09	1,797.70
3	SECURITY HEALTH PLAN	618.15	402.45	1,020.60	1,539.61	1,005.39	2,545.00
	PHYSICIANS PLUS	605.90	-	605.90	1,508.20	-	1,508.20
	WEA TRUST PPO - EAST	618.15	121.45	739.60	1,539.61	302.89	1,842.50
	UNITEDHEALTHCARE	618.15	154.95	773.10	1,539.61	386.59	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	618.15	362.35	980.50	1,539.61	906.49	2,446.10
WINNEBAGO							
	ANTHEM BLUE NORTHEAST	671.90	-	671.90	1,673.20	-	1,673.20
3	HUMANA EASTERN	673.02	370.08	1,043.10	1,676.80	924.40	2,601.20
	ARISE HEALTH PLAN	673.02	244.68	917.70	1,676.80	610.90	2,287.70
	NETWORK HEALTH	673.02	48.68	721.70	1,676.80	120.90	1,797.70
	WEA TRUST PPO - EAST	673.02	66.58	739.60	1,676.80	165.70	1,842.50
	UNITEDHEALTHCARE	673.02	100.08	773.10	1,676.80	249.40	1,926.20
3	STANDARD PLAN - BALANCE OF STATE	673.02	307.48	980.50	1,676.80	769.30	2,446.10
WOOD							
	ARISE HEALTH PLAN	729.21	188.49	917.70	1,817.29	470.41	2,287.70
3	SECURITY HEALTH PLAN	729.21	291.39	1,020.60	1,817.29	727.71	2,545.00
	WEA TRUST PPO - EAST	729.21	10.39	739.60	1,817.29	25.21	1,842.50
3	STANDARD PLAN - BALANCE OF STATE	729.21	251.29	980.50	1,817.29	628.81	2,446.10