

Monthly Cost (Premium)

| | IYC Health Plan | High Deductible Health Plan (HDHP) | Access Plan | Access HDHP |
|--|-----------------|--|-------------------|---------------|
| Active Employees | | | | |
| Individual With / Without Uniform Dental | \$132 / 128 | \$49 / 45 | \$335 / 331 | \$252 / 248 |
| Family With / Without Uniform Dental | \$329 / 318 | \$122 / 111 | \$833 / 822 | \$626 / 615 |
| Grad Assistants | | | | |
| Individual With / Without Uniform Dental | \$68 / 64 | Not available | \$169.50 / 165.50 | Not available |
| Family With / Without Uniform Dental | \$170 / 159 | Not available | \$422 / 411 | Not available |

Employees appointed fewer than 1,040 hours (50% of full time) pay 50% of the total monthly premium; visit **etf.wi.gov** for full premium amounts.