Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Adams								
	*	Dean Health Insurance	$774.34	$0.00	$774.34	$1,898.86	$0.00	$1,898.86
	2	Quartz - Community	$798.64	$125.68	$924.32	$1,964.04	$309.78	$2,273.82
	1	WEA Trust - East	$798.64	$108.90	$907.54	$1,964.04	$267.82	$2,231.86
	3	Local IYC Access Plan	$798.64	$357.50	$1,156.14	$1,964.04	$889.32	$2,853.36
Ashland								
	1	GHC of Eau Claire	$739.46	$100.84	$840.30	$1,816.11	$247.65	$2,063.76
	3	HealthPartners Health Plan	$739.46	$230.92	$970.38	$1,816.11	$572.85	$2,388.96
	3	WEA Trust - W Chippewa Valley	$739.46	$329.82	$1,069.28	$1,816.11	$820.11	$2,636.22
	*	WEA Trust - W Mayo Clinic Hlth Syst	$739.46	$299.54	$1,039.00	$1,816.11	$744.41	$2,560.52
	3	Local IYC Access Plan	$739.46	$416.68	$1,156.14	$1,816.11	$1,037.25	$2,853.36
Barron								
	1	Dean Hlth Ins - Prevea 360	$684.36	$93.32	$777.68	$1,678.35	$228.87	$1,907.22
	3	HealthPartners Health Plan	$684.36	$286.02	$970.38	$1,678.35	$710.61	$2,388.96
	3	WEA Trust - W Chippewa Valley	$684.36	$384.92	$1,069.28	$1,678.35	$957.87	$2,636.22
	2	WEA Trust - W Mayo Clinic Hlth Syst	$684.36	$354.64	$1,039.00	$1,678.35	$882.17	$2,560.52
	3	Local IYC Access Plan	$684.36	$471.78	$1,156.14	$1,678.35	$1,175.01	$2,853.36
Bayfield								
	1	GHC of Eau Claire	$739.46	$100.84	$840.30	$1,816.11	$247.65	$2,063.76
	3	HealthPartners Health Plan	$739.46	$230.92	$970.38	$1,816.11	$572.85	$2,388.96
	3	WEA Trust - W Chippewa Valley	$739.46	$329.82	$1,069.28	$1,816.11	$820.11	$2,636.22
	*	WEA Trust - W Mayo Clinic Hlth Syst	$739.46	$299.54	$1,039.00	$1,816.11	$744.41	$2,560.52
	3	Local IYC Access Plan	$739.46	$416.68	$1,156.14	$1,816.11	$1,037.25	$2,853.36
Brown								
	1	Dean Hlth Ins - Prevea 360	$753.16	$24.52	$777.68	$1,850.35	$56.87	$1,907.22
	1	Network Health	$753.16	$129.20	$882.36	$1,850.35	$318.57	$2,168.92
	3	HealthPartners Health Plan - Robin	$753.16	$255.56	$1,008.72	$1,850.35	$634.47	$2,484.82
	1	WEA Trust - East	$753.16	$154.38	$907.54	$1,850.35	$381.51	$2,231.86
	3	Local IYC Access Plan	$753.16	$402.98	$1,156.14	$1,850.35	$1,003.01	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Buffalo								
	*	Dean Hlth Ins - Prevea 360	$705.55	$72.13	$777.68	$1,731.33	$175.89	$1,907.22
	3	HealthPartners Health Plan	$705.55	$264.83	$970.38	$1,731.33	$657.63	$2,388.96
	1	Local SMP	$705.55	$96.21	$801.76	$1,731.33	$236.09	$1,967.42
	2	WEA Trust - W Mayo Clinic Hlth Syst	$705.55	$333.45	$1,039.00	$1,731.33	$829.19	$2,560.52
	3	Local IYC Access Plan	$705.55	$450.59	$1,156.14	$1,731.33	$1,122.03	$2,853.36
Burnett								
	1	GHC of Eau Claire	$739.46	$100.84	$840.30	$1,816.11	$247.65	$2,063.76
	3	HealthPartners Health Plan	$739.46	$230.92	$970.38	$1,816.11	$572.85	$2,388.96
	3	WEA Trust - W Chippewa Valley	$739.46	$329.82	$1,069.28	$1,816.11	$820.11	$2,636.22
	2	WEA Trust - W Mayo Clinic Hlth Syst	$739.46	$299.54	$1,039.00	$1,816.11	$744.41	$2,560.52
	3	Local IYC Access Plan	$739.46	$416.68	$1,156.14	$1,816.11	$1,037.25	$2,853.36
Calumet								
	1	Network Health	$787.56	$94.80	$882.36	$1,936.34	$232.58	$2,168.92
	3	HealthPartners Health Plan - Robin	$787.56	$221.16	$1,008.72	$1,936.34	$548.48	$2,484.82
	1	WEA Trust - East	$787.56	$119.98	$907.54	$1,936.34	$295.52	$2,231.86
	3	Local IYC Access Plan	$787.56	$368.58	$1,156.14	$1,936.34	$917.02	$2,853.36
Chippewa								
	1	Dean Hlth Ins - Prevea 360	$684.36	$93.32	$777.68	$1,678.35	$228.87	$1,907.22
	3	HealthPartners Health Plan	$684.36	$286.02	$970.38	$1,678.35	$710.61	$2,388.96
	2	Quartz - Community	$684.36	$239.96	$924.32	$1,678.35	$595.47	$2,273.82
	3	WEA Trust - W Chippewa Valley	$684.36	$384.92	$1,069.28	$1,678.35	$957.87	$2,636.22
	2	WEA Trust - W Mayo Clinic Hlth Syst	$684.36	$354.64	$1,039.00	$1,678.35	$882.17	$2,560.52
	3	Local IYC Access Plan	$684.36	$471.78	$1,156.14	$1,678.35	$1,175.01	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Clark								
	1	GHC of Eau Claire	$739.46	$100.84	$840.30	$1,816.11	$247.65	$2,063.76
	3	HealthPartners Health Plan	$739.46	$230.92	$970.38	$1,816.11	$572.85	$2,388.96
	*	Quartz - Community	$739.46	$184.86	$924.32	$1,816.11	$457.71	$2,273.82
	3	WEA Trust - W Chippewa Valley	$739.46	$329.82	$1,069.28	$1,816.11	$820.11	$2,636.22
	3	Local IYC Access Plan	$739.46	$416.68	$1,156.14	$1,816.11	$1,037.25	$2,853.36
Columbia								
	1	Dean Health Insurance	$712.84	$61.50	$774.34	$1,749.54	$149.32	$1,898.86
	1	GHC of South Central Wisconsin	$712.84	$35.40	$748.24	$1,749.54	$84.08	$1,833.62
	2	Quartz - Community	$712.84	$211.48	$924.32	$1,749.54	$524.28	$2,273.82
	1	WEA Trust - East	$712.84	$194.70	$907.54	$1,749.54	$482.32	$2,231.86
	3	Local IYC Access Plan	$712.84	$443.30	$1,156.14	$1,749.54	$1,103.82	$2,853.36
Crawford								
	*	Dean Health Insurance	$705.55	$68.79	$774.34	$1,731.33	$167.53	$1,898.86
	3	HealthPartners Health Plan	$705.55	$264.83	$970.38	$1,731.33	$657.63	$2,388.96
	2	Medical Associates Health Plans	$705.55	$11.39	$716.94	$1,731.33	$24.03	$1,755.36
	2	Quartz - Community	$705.55	$218.77	$924.32	$1,731.33	$542.49	$2,273.82
	1	Local SMP	$705.55	$96.21	$801.76	$1,731.33	$236.09	$1,967.42
	2	WEA Trust - W Mayo Clinic Hlth Syst	$705.55	$333.45	$1,039.00	$1,731.33	$829.19	$2,560.52
	3	Local IYC Access Plan	$705.55	$450.59	$1,156.14	$1,731.33	$1,122.03	$2,853.36
Dane								
	1	Dean Health Insurance	$654.25	$120.09	$774.34	$1,603.08	$295.78	$1,898.86
	1	GHC of South Central Wisconsin	$654.25	$93.99	$748.24	$1,603.08	$230.54	$1,833.62
	1	Quartz - UW Health	$654.25	$53.57	$707.82	$1,603.08	$129.48	$1,732.56
	3	Local IYC Access Plan	$654.25	$501.89	$1,156.14	$1,603.08	$1,250.28	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Dodge								
	1	Dean Health Insurance	$752.18	$22.16	$774.34	$1,847.89	$50.97	$1,898.86
	1	Network Health	$752.18	$130.18	$882.36	$1,847.89	$321.03	$2,168.92
	2	Quartz - Community	$752.18	$172.14	$924.32	$1,847.89	$425.93	$2,273.82
	1	WEA Trust - East	$752.18	$155.36	$907.54	$1,847.89	$383.97	$2,231.86
	*	WEA Trust - W Mayo Clinic Hlth Syst	$752.18	$286.82	$1,039.00	$1,847.89	$712.63	$2,560.52
	3	Local IYC Access Plan	$752.18	$403.96	$1,156.14	$1,847.89	$1,005.47	$2,853.36
Door								
	1	Dean Hlth Ins - Prevea 360	$753.16	$24.52	$777.68	$1,850.35	$56.87	$1,907.22
	1	Network Health	$753.16	$129.20	$882.36	$1,850.35	$318.57	$2,168.92
	3	HealthPartners Health Plan - Robin	$753.16	$255.56	$1,008.72	$1,850.35	$634.47	$2,484.82
	1	WEA Trust - East	$753.16	$154.38	$907.54	$1,850.35	$381.51	$2,231.86
	3	Local IYC Access Plan	$753.16	$402.98	$1,156.14	$1,850.35	$1,003.01	$2,853.36
Douglas								
	1	GHC of Eau Claire	$739.46	$100.84	$840.30	$1,816.11	$247.65	$2,063.76
	3	HealthPartners Health Plan	$739.46	$230.92	$970.38	$1,816.11	$572.85	$2,388.96
	3	WEA Trust - W Chippewa Valley	$739.46	$329.82	$1,069.28	$1,816.11	$820.11	$2,636.22
	2	WEA Trust - W Mayo Clinic Hlth Syst	$739.46	$299.54	$1,039.00	$1,816.11	$744.41	$2,560.52
	3	Local IYC Access Plan	$739.46	$416.68	$1,156.14	$1,816.11	$1,037.25	$2,853.36
Dunn								
	1	Dean Hlth Ins - Prevea 360	$684.36	$93.32	$777.68	$1,678.35	$228.87	$1,907.22
	3	HealthPartners Health Plan	$684.36	$286.02	$970.38	$1,678.35	$710.61	$2,388.96
	3	WEA Trust - W Chippewa Valley	$684.36	$384.92	$1,069.28	$1,678.35	$957.87	$2,636.22
	2	WEA Trust - W Mayo Clinic Hlth Syst	$684.36	$354.64	$1,039.00	$1,678.35	$882.17	$2,560.52
	3	Local IYC Access Plan	$684.36	$471.78	$1,156.14	$1,678.35	$1,175.01	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Eau Claire								
	1	Dean Hlth Ins - Prevea 360	$684.36	$93.32	$777.68	$1,678.35	$228.87	$1,907.22
	3	HealthPartners Health Plan	$684.36	$286.02	$970.38	$1,678.35	$710.61	$2,388.96
	2	Quartz - Community	$684.36	$239.96	$924.32	$1,678.35	$595.47	$2,273.82
	3	WEA Trust - W Chippewa Valley	$684.36	$384.92	$1,069.28	$1,678.35	$957.87	$2,636.22
	2	WEA Trust - W Mayo Clinic Hlth Syst	$684.36	$354.64	$1,039.00	$1,678.35	$882.17	$2,560.52
	3	Local IYC Access Plan	$684.36	$471.78	$1,156.14	$1,678.35	$1,175.01	$2,853.36
Florence								
	3	HealthPartners Health Plan - Robin	$705.55	$303.17	$1,008.72	$1,731.33	$753.49	$2,484.82
	1	Local SMP	$705.55	$96.21	$801.76	$1,731.33	$236.09	$1,967.42
	3	Local IYC Access Plan	$705.55	$450.59	$1,156.14	$1,731.33	$1,122.03	$2,853.36
Fond du Lac								
	1	Dean Health Insurance	$752.18	$22.16	$774.34	$1,847.89	$50.97	$1,898.86
	1	Network Health	$752.18	$130.18	$882.36	$1,847.89	$321.03	$2,168.92
	2	Quartz - Community	$752.18	$172.14	$924.32	$1,847.89	$425.93	$2,273.82
	3	HealthPartners Health Plan - Robin	$752.18	$256.54	$1,008.72	$1,847.89	$636.93	$2,484.82
	1	WEA Trust - East	$752.18	$155.36	$907.54	$1,847.89	$383.97	$2,231.86
	3	Local IYC Access Plan	$752.18	$403.96	$1,156.14	$1,847.89	$1,005.47	$2,853.36
Forest								
	3	HealthPartners Health Plan	$798.64	$171.74	$970.38	$1,964.04	$424.92	$2,388.96
	1	WEA Trust - East	$798.64	$108.90	$907.54	$1,964.04	$267.82	$2,231.86
	3	Local IYC Access Plan	$798.64	$357.50	$1,156.14	$1,964.04	$889.32	$2,853.36
Grant								
	1	Dean Health Insurance	$681.42	$92.92	$774.34	$1,671.00	$227.86	$1,898.86
	*	GHC of South Central Wisconsin	$681.42	$66.82	$748.24	$1,671.00	$162.62	$1,833.62
	3	HealthPartners Health Plan	$681.42	$288.96	$970.38	$1,671.00	$717.96	$2,388.96
	2	Medical Associates Health Plans	$681.42	$35.52	$716.94	$1,671.00	$84.36	$1,755.36
	2	Quartz - Community	$681.42	$242.90	$924.32	$1,671.00	$602.82	$2,273.82
	3	Local IYC Access Plan	$681.42	$474.72	$1,156.14	$1,671.00	$1,182.36	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Green								
	1	Dean Health Insurance	$681.42	$92.92	$774.34	$1,671.00	$227.86	$1,898.86
	*	MercyCare Health Plans	$681.42	$65.78	$747.20	$1,671.00	$160.02	$1,831.02
	2	Quartz - Community	$681.42	$242.90	$924.32	$1,671.00	$602.82	$2,273.82
	3	Local IYC Access Plan	$681.42	$474.72	$1,156.14	$1,671.00	$1,182.36	$2,853.36
Green Lake								
	*	Dean Health Insurance	$774.34	$0.00	$774.34	$1,898.86	$0.00	$1,898.86
	1	Network Health	$787.56	$94.80	$882.36	$1,936.34	$232.58	$2,168.92
	3	HealthPartners Health Plan - Robin	$787.56	$221.16	$1,008.72	$1,936.34	$548.48	$2,484.82
	1	WEA Trust - East	$787.56	$119.98	$907.54	$1,936.34	$295.52	$2,231.86
	3	Local IYC Access Plan	$787.56	$368.58	$1,156.14	$1,936.34	$917.02	$2,853.36
Iowa								
	1	Dean Health Insurance	$669.94	$104.40	$774.34	$1,642.29	$256.57	$1,898.86
	1	GHC of South Central Wisconsin	$669.94	$78.30	$748.24	$1,642.29	$191.33	$1,833.62
	2	Medical Associates Health Plans	$669.94	$47.00	$716.94	$1,642.29	$113.07	$1,755.36
	2	Quartz - Community	$669.94	$254.38	$924.32	$1,642.29	$631.53	$2,273.82
	3	Local IYC Access Plan	$669.94	$486.20	$1,156.14	$1,642.29	$1,211.07	$2,853.36
Iron								
	1	GHC of Eau Claire	$739.46	$100.84	$840.30	$1,816.11	$247.65	$2,063.76
	*	HealthPartners Health Plan	$739.46	$230.92	$970.38	$1,816.11	$572.85	$2,388.96
	*	WEA Trust - W Chippewa Valley	$739.46	$329.82	$1,069.28	$1,816.11	$820.11	$2,636.22
	3	Local IYC Access Plan	$739.46	$416.68	$1,156.14	$1,816.11	$1,037.25	$2,853.36
Jackson								
	3	HealthPartners Health Plan	$705.55	$264.83	$970.38	$1,731.33	$657.63	$2,388.96
	2	Quartz - Community	$705.55	$218.77	$924.32	$1,731.33	$542.49	$2,273.82
	1	Local SMP	$705.55	$96.21	$801.76	$1,731.33	$236.09	$1,967.42
	3	WEA Trust - W Chippewa Valley	$705.55	$363.73	$1,069.28	$1,731.33	$904.89	$2,636.22
	2	WEA Trust - W Mayo Clinic Hlth Syst	$705.55	$333.45	$1,039.00	$1,731.33	$829.19	$2,560.52
	3	Local IYC Access Plan	$705.55	$450.59	$1,156.14	$1,731.33	$1,122.03	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Jefferson								
	1	Dean Health Insurance	$699.01	$75.33	$774.34	$1,714.98	$183.88	$1,898.86
	1	GHC of South Central Wisconsin	$699.01	$49.23	$748.24	$1,714.98	$118.64	$1,833.62
	1	MercyCare Health Plans	$699.01	$48.19	$747.20	$1,714.98	$116.04	$1,831.02
	2	Quartz - Community	$699.01	$225.31	$924.32	$1,714.98	$558.84	$2,273.82
	1	WEA Trust - East	$699.01	$208.53	$907.54	$1,714.98	$516.88	$2,231.86
	3	Local IYC Access Plan	$699.01	$457.13	$1,156.14	$1,714.98	$1,138.38	$2,853.36
Juneau								
	1	Dean Health Insurance	$712.84	$61.50	$774.34	$1,749.54	$149.32	$1,898.86
	1	GHC of South Central Wisconsin	$712.84	$35.40	$748.24	$1,749.54	$84.08	$1,833.62
	3	HealthPartners Health Plan	$712.84	$257.54	$970.38	$1,749.54	$639.42	$2,388.96
	2	Quartz - Community	$712.84	$211.48	$924.32	$1,749.54	$524.28	$2,273.82
	1	WEA Trust - East	$712.84	$194.70	$907.54	$1,749.54	$482.32	$2,231.86
	3	Local IYC Access Plan	$712.84	$443.30	$1,156.14	$1,749.54	$1,103.82	$2,853.36
Kenosha								
	1	Network Health	$787.56	$94.80	$882.36	$1,936.34	$232.58	$2,168.92
	1	WEA Trust - East	$787.56	$119.98	$907.54	$1,936.34	$295.52	$2,231.86
	3	Local IYC Access Plan	$787.56	$368.58	$1,156.14	$1,936.34	$917.02	$2,853.36
Kewaunee								
	1	Dean Hlth Ins - Prevea 360	$753.16	$24.52	$777.68	$1,850.35	$56.87	$1,907.22
	1	Network Health	$753.16	$129.20	$882.36	$1,850.35	$318.57	$2,168.92
	3	HealthPartners Health Plan - Robin	$753.16	$255.56	$1,008.72	$1,850.35	$634.47	$2,484.82
	1	WEA Trust - East	$753.16	$154.38	$907.54	$1,850.35	$381.51	$2,231.86
	3	Local IYC Access Plan	$753.16	$402.98	$1,156.14	$1,850.35	$1,003.01	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
La Crosse								
	3	HealthPartners Health Plan	$705.55	$264.83	$970.38	$1,731.33	$657.63	$2,388.96
	2	Quartz - Community	$705.55	$218.77	$924.32	$1,731.33	$542.49	$2,273.82
	1	Local SMP	$705.55	$96.21	$801.76	$1,731.33	$236.09	$1,967.42
	2	WEA Trust - W Mayo Clinic Hlth Syst	$705.55	$333.45	$1,039.00	$1,731.33	$829.19	$2,560.52
	3	Local IYC Access Plan	$705.55	$450.59	$1,156.14	$1,731.33	$1,122.03	$2,853.36
Lafayette								
	1	Dean Health Insurance	$681.42	$92.92	$774.34	$1,671.00	$227.86	$1,898.86
	*	GHC of South Central Wisconsin	$681.42	$66.82	$748.24	$1,671.00	$162.62	$1,833.62
	2	Medical Associates Health Plans	$681.42	$35.52	$716.94	$1,671.00	$84.36	$1,755.36
	2	Quartz - Community	$681.42	$242.90	$924.32	$1,671.00	$602.82	$2,273.82
	3	Local IYC Access Plan	$681.42	$474.72	$1,156.14	$1,671.00	$1,182.36	$2,853.36
Langlade								
	1	GHC of Eau Claire	$769.05	$71.25	$840.30	$1,890.07	$173.69	$2,063.76
	3	HealthPartners Health Plan	$769.05	$201.33	$970.38	$1,890.07	$498.89	$2,388.96
	1	WEA Trust - East	$769.05	$138.49	$907.54	$1,890.07	$341.79	$2,231.86
	3	Local IYC Access Plan	$769.05	$387.09	$1,156.14	$1,890.07	$963.29	$2,853.36
Lincoln								
	1	GHC of Eau Claire	$769.05	$71.25	$840.30	$1,890.07	$173.69	$2,063.76
	3	HealthPartners Health Plan	$769.05	$201.33	$970.38	$1,890.07	$498.89	$2,388.96
	1	WEA Trust - East	$769.05	$138.49	$907.54	$1,890.07	$341.79	$2,231.86
	3	Local IYC Access Plan	$769.05	$387.09	$1,156.14	$1,890.07	$963.29	$2,853.36
Manitowoc								
	1	Dean Hlth Ins - Prevea 360	$753.16	$24.52	$777.68	$1,850.35	$56.87	$1,907.22
	1	Network Health	$753.16	$129.20	$882.36	$1,850.35	$318.57	$2,168.92
	3	HealthPartners Health Plan - Robin	$753.16	$255.56	$1,008.72	$1,850.35	$634.47	$2,484.82
	1	WEA Trust - East	$753.16	$154.38	$907.54	$1,850.35	$381.51	$2,231.86
	3	Local IYC Access Plan	$753.16	$402.98	$1,156.14	$1,850.35	$1,003.01	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Marathon								
	1	GHC of Eau Claire	$769.05	$71.25	$840.30	$1,890.07	$173.69	$2,063.76
	3	HealthPartners Health Plan	$769.05	$201.33	$970.38	$1,890.07	$498.89	$2,388.96
	1	WEA Trust - East	$769.05	$138.49	$907.54	$1,890.07	$341.79	$2,231.86
	3	Local IYC Access Plan	$769.05	$387.09	$1,156.14	$1,890.07	$963.29	$2,853.36
Marinette								
	*	Dean Hlth Ins - Prevea 360	$777.68	$0.00	$777.68	$1,907.22	$0.00	$1,907.22
	1	Network Health	$787.56	$94.80	$882.36	$1,936.34	$232.58	$2,168.92
	3	HealthPartners Health Plan - Robin	$787.56	$221.16	$1,008.72	$1,936.34	$548.48	$2,484.82
	1	WEA Trust - East	$787.56	$119.98	$907.54	$1,936.34	$295.52	$2,231.86
	3	Local IYC Access Plan	$787.56	$368.58	$1,156.14	$1,936.34	$917.02	$2,853.36
Marquette								
	*	Dean Health Insurance	$774.34	$0.00	$774.34	$1,898.86	$0.00	$1,898.86
	*	Network Health	$798.64	$83.72	$882.36	$1,964.04	$204.88	$2,168.92
	2	Quartz - Community	$798.64	$125.68	$924.32	$1,964.04	$309.78	$2,273.82
	3	HealthPartners Health Plan - Robin	$798.64	$210.08	$1,008.72	$1,964.04	$520.78	$2,484.82
	1	WEA Trust - East	$798.64	$108.90	$907.54	$1,964.04	$267.82	$2,231.86
	3	Local IYC Access Plan	$798.64	$357.50	$1,156.14	$1,964.04	$889.32	$2,853.36
Menominee								
	1	Dean Hlth Ins - Prevea 360	$741.50	$36.18	$777.68	$1,821.20	$86.02	$1,907.22
	*	Network Health	$741.50	$140.86	$882.36	$1,821.20	$347.72	$2,168.92
	3	HealthPartners Health Plan - Robin	$741.50	$267.22	$1,008.72	$1,821.20	$663.62	$2,484.82
	1	WEA Trust - East	$741.50	$166.04	$907.54	$1,821.20	$410.66	$2,231.86
	3	Local IYC Access Plan	$741.50	$414.64	$1,156.14	$1,821.20	$1,032.16	$2,853.36
Milwaukee								
	1	Network Health	$787.56	$94.80	$882.36	$1,936.34	$232.58	$2,168.92
	1	WEA Trust - East	$787.56	$119.98	$907.54	$1,936.34	$295.52	$2,231.86
	3	Local IYC Access Plan	$787.56	$368.58	$1,156.14	$1,936.34	$917.02	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Monroe								
	3	HealthPartners Health Plan	$705.55	$264.83	$970.38	$1,731.33	$657.63	$2,388.96
	2	Quartz - Community	$705.55	$218.77	$924.32	$1,731.33	$542.49	$2,273.82
	1	Local SMP	$705.55	$96.21	$801.76	$1,731.33	$236.09	$1,967.42
	2	WEA Trust - W Mayo Clinic Hlth Syst	$705.55	$333.45	$1,039.00	$1,731.33	$829.19	$2,560.52
	3	Local IYC Access Plan	$705.55	$450.59	$1,156.14	$1,731.33	$1,122.03	$2,853.36
Oconto								
	1	Dean Hlth Ins - Prevea 360	$753.16	$24.52	$777.68	$1,850.35	$56.87	$1,907.22
	1	Network Health	$753.16	$129.20	$882.36	$1,850.35	$318.57	$2,168.92
	3	HealthPartners Health Plan - Robin	$753.16	$255.56	$1,008.72	$1,850.35	$634.47	$2,484.82
	1	WEA Trust - East	$753.16	$154.38	$907.54	$1,850.35	$381.51	$2,231.86
	3	Local IYC Access Plan	$753.16	$402.98	$1,156.14	$1,850.35	$1,003.01	$2,853.36
Oneida								
	1	GHC of Eau Claire	$769.05	$71.25	$840.30	$1,890.07	$173.69	$2,063.76
	3	HealthPartners Health Plan	$769.05	$201.33	$970.38	$1,890.07	$498.89	$2,388.96
	1	WEA Trust - East	$769.05	$138.49	$907.54	$1,890.07	$341.79	$2,231.86
	3	Local IYC Access Plan	$769.05	$387.09	$1,156.14	$1,890.07	$963.29	$2,853.36
Outagamie								
	*	Dean Hlth Ins - Prevea 360	$777.68	$0.00	$777.68	$1,907.22	$0.00	$1,907.22
	1	Network Health	$787.56	$94.80	$882.36	$1,936.34	$232.58	$2,168.92
	3	HealthPartners Health Plan - Robin	$787.56	$221.16	$1,008.72	$1,936.34	$548.48	$2,484.82
	1	WEA Trust - East	$787.56	$119.98	$907.54	$1,936.34	$295.52	$2,231.86
	3	Local IYC Access Plan	$787.56	$368.58	$1,156.14	$1,936.34	$917.02	$2,853.36
Ozaukee								
	1	Network Health	$787.56	$94.80	$882.36	$1,936.34	$232.58	$2,168.92
	1	WEA Trust - East	$787.56	$119.98	$907.54	$1,936.34	$295.52	$2,231.86
	3	Local IYC Access Plan	$787.56	$368.58	$1,156.14	$1,936.34	$917.02	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Pepin								
	*	Dean Hlth Ins - Prevea 360	$705.55	$72.13	$777.68	$1,731.33	$175.89	$1,907.22
	3	HealthPartners Health Plan	$705.55	$264.83	$970.38	$1,731.33	$657.63	$2,388.96
	1	Local SMP	$705.55	$96.21	$801.76	$1,731.33	$236.09	$1,967.42
	3	WEA Trust - W Chippewa Valley	$705.55	$363.73	$1,069.28	$1,731.33	$904.89	$2,636.22
	2	WEA Trust - W Mayo Clinic Hlth Syst	$705.55	$333.45	$1,039.00	$1,731.33	$829.19	$2,560.52
	3	Local IYC Access Plan	$705.55	$450.59	$1,156.14	$1,731.33	$1,122.03	$2,853.36
Pierce								
	3	HealthPartners Health Plan	$705.55	$264.83	$970.38	$1,731.33	$657.63	$2,388.96
	1	Local SMP	$705.55	$96.21	$801.76	$1,731.33	$236.09	$1,967.42
	3	WEA Trust - W Chippewa Valley	$705.55	$363.73	$1,069.28	$1,731.33	$904.89	$2,636.22
	2	WEA Trust - W Mayo Clinic Hlth Syst	$705.55	$333.45	$1,039.00	$1,731.33	$829.19	$2,560.52
	3	Local IYC Access Plan	$705.55	$450.59	$1,156.14	$1,731.33	$1,122.03	$2,853.36
Polk								
	3	HealthPartners Health Plan	$705.55	$264.83	$970.38	$1,731.33	$657.63	$2,388.96
	1	Local SMP	$705.55	$96.21	$801.76	$1,731.33	$236.09	$1,967.42
	3	WEA Trust - W Chippewa Valley	$705.55	$363.73	$1,069.28	$1,731.33	$904.89	$2,636.22
	2	WEA Trust - W Mayo Clinic Hlth Syst	$705.55	$333.45	$1,039.00	$1,731.33	$829.19	$2,560.52
	3	Local IYC Access Plan	$705.55	$450.59	$1,156.14	$1,731.33	$1,122.03	$2,853.36
Portage								
	3	HealthPartners Health Plan	$787.56	$182.82	$970.38	$1,936.34	$452.62	$2,388.96
	1	Network Health	$787.56	$94.80	$882.36	$1,936.34	$232.58	$2,168.92
	1	WEA Trust - East	$787.56	$119.98	$907.54	$1,936.34	$295.52	$2,231.86
	3	Local IYC Access Plan	$787.56	$368.58	$1,156.14	$1,936.34	$917.02	$2,853.36
Price								
	1	GHC of Eau Claire	$769.05	$71.25	$840.30	$1,890.07	$173.69	$2,063.76
	3	HealthPartners Health Plan	$769.05	$201.33	$970.38	$1,890.07	$498.89	$2,388.96
	1	WEA Trust - East	$769.05	$138.49	$907.54	$1,890.07	$341.79	$2,231.86
	3	Local IYC Access Plan	$769.05	$387.09	$1,156.14	$1,890.07	$963.29	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Racine								
	1	Network Health	$787.56	$94.80	$882.36	$1,936.34	$232.58	$2,168.92
	1	WEA Trust - East	$787.56	$119.98	$907.54	$1,936.34	$295.52	$2,231.86
	3	Local IYC Access Plan	$787.56	$368.58	$1,156.14	$1,936.34	$917.02	$2,853.36
Richland								
	1	Dean Health Insurance	$681.42	$92.92	$774.34	$1,671.00	$227.86	$1,898.86
	*	HealthPartners Health Plan	$681.42	$288.96	$970.38	$1,671.00	$717.96	$2,388.96
	2	Quartz - Community	$681.42	$242.90	$924.32	$1,671.00	$602.82	$2,273.82
	3	Local IYC Access Plan	$681.42	$474.72	$1,156.14	$1,671.00	$1,182.36	$2,853.36
Rock								
	1	Dean Health Insurance	$712.53	$61.81	$774.34	$1,748.78	$150.08	$1,898.86
	1	MercyCare Health Plans	$712.53	$34.67	$747.20	$1,748.78	$82.24	$1,831.02
	2	Quartz - Community	$712.53	$211.79	$924.32	$1,748.78	$525.04	$2,273.82
	1	WEA Trust - East	$712.53	$195.01	$907.54	$1,748.78	$483.08	$2,231.86
	3	Local IYC Access Plan	$712.53	$443.61	$1,156.14	$1,748.78	$1,104.58	$2,853.36
Rusk								
	3	HealthPartners Health Plan	$705.55	$264.83	$970.38	$1,731.33	$657.63	$2,388.96
	1	Local SMP	$705.55	$96.21	$801.76	$1,731.33	$236.09	$1,967.42
	3	WEA Trust - W Chippewa Valley	$705.55	$363.73	$1,069.28	$1,731.33	$904.89	$2,636.22
	*	WEA Trust - W Mayo Clinic Hlth Syst	$705.55	$333.45	$1,039.00	$1,731.33	$829.19	$2,560.52
	3	Local IYC Access Plan	$705.55	$450.59	$1,156.14	$1,731.33	$1,122.03	$2,853.36
Sauk								
	1	Dean Health Insurance	$669.94	$104.40	$774.34	$1,642.29	$256.57	$1,898.86
	1	GHC of South Central Wisconsin	$669.94	$78.30	$748.24	$1,642.29	$191.33	$1,833.62
	2	Quartz - Community	$669.94	$254.38	$924.32	$1,642.29	$631.53	$2,273.82
	3	Local IYC Access Plan	$669.94	$486.20	$1,156.14	$1,642.29	$1,211.07	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Sawyer								
	1	GHC of Eau Claire	$739.46	$100.84	$840.30	$1,816.11	$247.65	$2,063.76
	3	HealthPartners Health Plan	$739.46	$230.92	$970.38	$1,816.11	$572.85	$2,388.96
	3	WEA Trust - W Chippewa Valley	$739.46	$329.82	$1,069.28	$1,816.11	$820.11	$2,636.22
	2	WEA Trust - W Mayo Clinic Hlth Syst	$739.46	$299.54	$1,039.00	$1,816.11	$744.41	$2,560.52
	3	Local IYC Access Plan	$739.46	$416.68	$1,156.14	$1,816.11	$1,037.25	$2,853.36
Shawano								
	*	Dean Hlth Ins - Prevea 360	$777.68	$0.00	$777.68	$1,907.22	$0.00	$1,907.22
	1	Network Health	$787.56	$94.80	$882.36	$1,936.34	$232.58	$2,168.92
	3	HealthPartners Health Plan - Robin	$787.56	$221.16	$1,008.72	$1,936.34	$548.48	$2,484.82
	1	WEA Trust - East	$787.56	$119.98	$907.54	$1,936.34	$295.52	$2,231.86
	3	Local IYC Access Plan	$787.56	$368.58	$1,156.14	$1,936.34	$917.02	$2,853.36
Sheboygan								
	1	Dean Hlth Ins - Prevea 360	$753.16	$24.52	$777.68	$1,850.35	$56.87	$1,907.22
	1	Network Health	$753.16	$129.20	$882.36	$1,850.35	$318.57	$2,168.92
	1	WEA Trust - East	$753.16	$154.38	$907.54	$1,850.35	$381.51	$2,231.86
	3	Local IYC Access Plan	$753.16	$402.98	$1,156.14	$1,850.35	$1,003.01	$2,853.36
St. Croix								
	3	HealthPartners Health Plan	$705.55	$264.83	$970.38	$1,731.33	$657.63	$2,388.96
	1	Local SMP	$705.55	$96.21	$801.76	$1,731.33	$236.09	$1,967.42
	3	WEA Trust - W Chippewa Valley	$705.55	$363.73	$1,069.28	$1,731.33	$904.89	$2,636.22
	2	WEA Trust - W Mayo Clinic Hlth Syst	$705.55	$333.45	$1,039.00	$1,731.33	$829.19	$2,560.52
	3	Local IYC Access Plan	$705.55	$450.59	$1,156.14	$1,731.33	$1,122.03	$2,853.36
Taylor								
	1	GHC of Eau Claire	$769.05	$71.25	$840.30	$1,890.07	$173.69	$2,063.76
	3	HealthPartners Health Plan	$769.05	$201.33	$970.38	$1,890.07	$498.89	$2,388.96
	1	WEA Trust - East	$769.05	$138.49	$907.54	$1,890.07	$341.79	$2,231.86
	3	Local IYC Access Plan	$769.05	$387.09	$1,156.14	$1,890.07	$963.29	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Trempealeau								
	3	HealthPartners Health Plan	$705.55	$264.83	$970.38	$1,731.33	$657.63	$2,388.96
	2	Quartz - Community	$705.55	$218.77	$924.32	$1,731.33	$542.49	$2,273.82
	1	Local SMP	$705.55	$96.21	$801.76	$1,731.33	$236.09	$1,967.42
	2	WEA Trust - W Mayo Clinic Hlth Syst	$705.55	$333.45	$1,039.00	$1,731.33	$829.19	$2,560.52
	3	Local IYC Access Plan	$705.55	$450.59	$1,156.14	$1,731.33	$1,122.03	$2,853.36
Vernon								
	1	Dean Health Insurance	$681.42	$92.92	$774.34	$1,671.00	$227.86	$1,898.86
	3	HealthPartners Health Plan	$681.42	$288.96	$970.38	$1,671.00	$717.96	$2,388.96
	2	Quartz - Community	$681.42	$242.90	$924.32	$1,671.00	$602.82	$2,273.82
	2	WEA Trust - W Mayo Clinic Hlth Syst	$681.42	$357.58	$1,039.00	$1,671.00	$889.52	$2,560.52
	3	Local IYC Access Plan	$681.42	$474.72	$1,156.14	$1,671.00	$1,182.36	$2,853.36
Vilas								
	1	GHC of Eau Claire	$769.05	$71.25	$840.30	$1,890.07	$173.69	$2,063.76
	3	HealthPartners Health Plan	$769.05	$201.33	$970.38	$1,890.07	$498.89	$2,388.96
	1	WEA Trust - East	$769.05	$138.49	$907.54	$1,890.07	$341.79	$2,231.86
	3	Local IYC Access Plan	$769.05	$387.09	$1,156.14	$1,890.07	$963.29	$2,853.36
Walworth								
	*	Dean Health Insurance	$728.09	$46.25	$774.34	$1,787.67	$111.19	$1,898.86
	1	MercyCare Health Plans	$728.09	$19.11	$747.20	$1,787.67	$43.35	$1,831.02
	2	Quartz - Community	$728.09	$196.23	$924.32	$1,787.67	$486.15	$2,273.82
	1	WEA Trust - East	$728.09	$179.45	$907.54	$1,787.67	$444.19	$2,231.86
	3	Local IYC Access Plan	$728.09	$428.05	$1,156.14	$1,787.67	$1,065.69	$2,853.36
Washburn								
	1	GHC of Eau Claire	$739.46	$100.84	$840.30	$1,816.11	$247.65	$2,063.76
	3	HealthPartners Health Plan	$739.46	$230.92	$970.38	$1,816.11	$572.85	$2,388.96
	3	WEA Trust - W Chippewa Valley	$739.46	$329.82	$1,069.28	$1,816.11	$820.11	$2,636.22
	2	WEA Trust - W Mayo Clinic Hlth Syst	$739.46	$299.54	$1,039.00	$1,816.11	$744.41	$2,560.52
	3	Local IYC Access Plan	$739.46	$416.68	$1,156.14	$1,816.11	$1,037.25	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental 2021 Rates * = Not in calculation - Plan not qualified in county			88% of Tier 1 Qualified Plans' Average Premium					
			Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Washington								
	1	Network Health	$787.56	$94.80	$882.36	$1,936.34	$232.58	$2,168.92
	1	WEA Trust - East	$787.56	$119.98	$907.54	$1,936.34	$295.52	$2,231.86
	3	Local IYC Access Plan	$787.56	$368.58	$1,156.14	$1,936.34	$917.02	$2,853.36
Waukesha								
	1	Dean Health Insurance	$752.18	$22.16	$774.34	$1,847.89	$50.97	$1,898.86
	1	Network Health	$752.18	$130.18	$882.36	$1,847.89	$321.03	$2,168.92
	2	Quartz - Community	$752.18	$172.14	$924.32	$1,847.89	$425.93	$2,273.82
	1	WEA Trust - East	$752.18	$155.36	$907.54	$1,847.89	$383.97	$2,231.86
	3	Local IYC Access Plan	$752.18	$403.96	$1,156.14	$1,847.89	$1,005.47	$2,853.36
Waupaca								
	1	Network Health	$787.56	$94.80	$882.36	$1,936.34	$232.58	$2,168.92
	3	HealthPartners Health Plan - Robin	$787.56	$221.16	$1,008.72	$1,936.34	$548.48	$2,484.82
	1	WEA Trust - East	$787.56	$119.98	$907.54	$1,936.34	$295.52	$2,231.86
	3	Local IYC Access Plan	$787.56	$368.58	$1,156.14	$1,936.34	$917.02	$2,853.36
Waushara								
	*	Network Health	$798.64	$83.72	$882.36	$1,964.04	$204.88	$2,168.92
	3	HealthPartners Health Plan - Robin	$798.64	$210.08	$1,008.72	$1,964.04	$520.78	$2,484.82
	1	WEA Trust - East	$798.64	$108.90	$907.54	$1,964.04	$267.82	$2,231.86
	3	Local IYC Access Plan	$798.64	$357.50	$1,156.14	$1,964.04	$889.32	$2,853.36
Winnebago								
	1	Network Health	$787.56	$94.80	$882.36	$1,936.34	$232.58	$2,168.92
	3	HealthPartners Health Plan - Robin	$787.56	$221.16	$1,008.72	$1,936.34	$548.48	$2,484.82
	1	WEA Trust - East	$787.56	$119.98	$907.54	$1,936.34	$295.52	$2,231.86
	3	Local IYC Access Plan	$787.56	$368.58	$1,156.14	$1,936.34	$917.02	$2,853.36

Program Option: P06 WPE IYC Health Plan +Dental			88% of Tier 1 Qualified Plans' Average Premium					
2021 Rates	* = Not in calculation - Plan not qualified in county		Single			Family		
County	Tier	Carrier	Maximum Employer Share	Minimum Employee Share	Total Premium	Maximum Employer Share	Minimum Employee Share	Total Premium
Wood								
	3	HealthPartners Health Plan	$798.64	$171.74	$970.38	$1,964.04	$424.92	$2,388.96
	*	Quartz - Community	$798.64	$125.68	$924.32	$1,964.04	$309.78	$2,273.82
	1	WEA Trust - East	$798.64	$108.90	$907.54	$1,964.04	$267.82	$2,231.86
	3	Local IYC Access Plan	$798.64	$357.50	$1,156.14	$1,964.04	$889.32	$2,853.36