2015 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan * = Not In Calculation - Plan Not Qualified in County

LCQP

Traditional HMO - Standard PPO - P02

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	693.11	1.59	694.70	1,724.94	4.36	1,729.30
	PHYSICIANS PLUS	693.11	27.89	721.00	1,724.94	70.06	1,795.00
3	SECURITY HEALTH PLAN	693.11	384.49	1,077.60	1,724.94	961.56	2,686.50
	UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
	WEA TRUST - EAST	693.11	130.09	823.20	1,724.94	325.56	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	693.11	608.09	1,301.20	1,724.94	1,520.06	3,245.00
ASHLAND							
3	GHC OF EAU CLAIRE	931.88	202.62	1,134.50	2,321.87	506.93	2,828.80
	HEALTHPARTNERS HEALTH PLAN	887.50	-	887.50	2,211.30	-	2,211.30
3	SECURITY HEALTH PLAN	931.88	145.72	1,077.60	2,321.87	364.63	2,686.50
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	931.88	31.62	963.50	2,321.87	79.43	2,401.30
3	STANDARD PLAN - BALANCE OF STATE	931.88	369.32	1,301.20	2,321.87	923.13	3,245.00
BARRON							
*	GUNDERSEN HEALTH PLAN	790.20	-	790.20	1,968.00	-	1,968.00
	HEALTHPARTNERS HEALTH PLAN	887.50	-	887.50	2,211.30	-	2,211.30
3	HUMANA - WESTERN	931.88	288.02	1,219.90	2,321.87	720.43	3,042.30
3	SECURITY HEALTH PLAN	931.88	145.72	1,077.60	2,321.87	364.63	2,686.50
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	931.88	31.62	963.50	2,321.87	79.43	2,401.30
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	931.88	31.62	963.50	2,321.87	79.43	2,401.30
3	STANDARD PLAN - BALANCE OF STATE	931.88	369.32	1,301.20	2,321.87	923.13	3,245.00
BAYFIELD							
3	GHC OF EAU CLAIRE	908.46	226.04	1,134.50	2,264.85	563.95	2,828.80
3	SECURITY HEALTH PLAN	908.46	169.14	1,077.60	2,264.85	421.65	2,686.50
*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	908.46	55.04	963.50	2,264.85	136.45	2,401.30
3	STANDARD PLAN - BALANCE OF STATE	908.46	392.74	1,301.20	2,264.85	980.15	3,245.00
	STATE MAINTENANCE PLAN	865.20	-	865.20	2,157.00	-	2,157.00
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
	ARISE HEALTH PLAN NORTHERN	759.78	262.42	1,022.20	1,891.58	656.42	2,548.00
	DEAN HEALTH INSURANCE - PREVEA360	759.78	84.02	843.80	1,891.58	210.42	2,102.00
3	HUMANA - EASTERN	759.78	460.12	1,219.90	1,891.58	1,150.72	3,042.30
	NETWORK HEALTH	759.78	32.22	792.00	1,891.58	80.92	1,972.50
	UNITEDHEALTHCARE OF WISCONSIN	759.78	141.82	901.60	1,891.58	354.92	2,246.50
	WEA TRUST - EAST	759.78	63.42	823.20	1,891.58	158.92	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	759.78	541.42	1,301.20	1,891.58	1,353.42	3,245.00
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,711.80	-	1,711.80
*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	908.46	55.04	963.50	2,264.85	136.45	2,401.30
	STATE MAINTENANCE PLAN	865.20	-	865.20	2,157.00	-	2,157.00
BURNETT							
3	GHC OF EAU CLAIRE	1,011.68	122.82	1,134.50	2,521.37	307.43	2,828.80
*	HEALTHPARTNERS HEALTH PLAN	887.50	-	887.50	2,211.30	-	2,211.30
3	SECURITY HEALTH PLAN	1,011.68	65.92	1,077.60	2,521.37	165.13	2,686.50
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	963.50	-	963.50	2,401.30	-	2,401.30
3	STANDARD PLAN - BALANCE OF STATE	1,011.68	289.52	1,301.20	2,521.37	723.63	3,245.00
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
*	ARISE HEALTH PLAN NORTHERN	759.78	262.42	1,022.20	1,891.58	656.42	2,548.00
3	HUMANA - EASTERN	759.78	460.12	1,219.90	1,891.58	1,150.72	3,042.30
	NETWORK HEALTH	759.78	32.22	792.00	1,891.58	80.92	1,972.50
	UNITEDHEALTHCARE OF WISCONSIN	759.78	141.82	901.60	1,891.58	354.92	2,246.50
*	WEA TRUST - EAST	759.78	63.42	823.20	1,891.58	158.92	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	759.78	541.42	1,301.20	1,891.58	1,353.42	3,245.00
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	790.20	-	790.20	1,968.00	-	1,968.00
	HEALTHPARTNERS HEALTH PLAN	829.71	57.79	887.50	2,066.40	144.90	2,211.30
3	HUMANA - WESTERN	829.71	390.19	1,219.90	2,066.40	975.90	3,042.30
3	SECURITY HEALTH PLAN	829.71	247.89	1,077.60	2,066.40	620.10	2,686.50
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	829.71	133.79	963.50	2,066.40	334.90	2,401.30
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	829.71	133.79	963.50	2,066.40	334.90	2,401.30
3	STANDARD PLAN - BALANCE OF STATE	829.71	471.49	1,301.20	2,066.40	1,178.60	3,245.00
CLARK							
	ARISE HEALTH PLAN NORTHERN	829.71	192.49	1,022.20	2,066.40	481.60	2,548.00
3	GHC OF EAU CLAIRE	829.71	304.79	1,134.50	2,066.40	762.40	2,828.80
	GUNDERSEN HEALTH PLAN	790.20	-	790.20	1,968.00	-	1,968.00
	HEALTHPARTNERS HEALTH PLAN	829.71	57.79	887.50	2,066.40	144.90	2,211.30
3	SECURITY HEALTH PLAN	829.71	247.89	1,077.60	2,066.40	620.10	2,686.50
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	829.71	133.79	963.50	2,066.40	334.90	2,401.30
3	STANDARD PLAN - BALANCE OF STATE	829.71	471.49	1,301.20	2,066.40	1,178.60	3,245.00
COLUMBIA							
	DEAN HEALTH INSURANCE	693.11	1.59	694.70	1,724.94	4.36	1,729.30
*	GHC OF SOUTH CENTRAL WISCONSIN	613.60	-	613.60	1,526.50	-	1,526.50
	PHYSICIANS PLUS	693.11	27.89	721.00	1,724.94	70.06	1,795.00
	UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
	WEA TRUST - EAST	693.11	130.09	823.20	1,724.94	325.56	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	693.11	608.09	1,301.20	1,724.94	1,520.06	3,245.00

2015 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan * = Not In Calculation - Plan Not Qualified in County

LCQP

Traditional HMO - Standard PPO - P02

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
CRAWFORD								
		GUNDERSEN HEALTH PLAN	722.09	68.11	790.20	1,797.39	170.61	1,968.00
		HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,711.80	-	1,711.80
	*	HEALTHPARTNERS HEALTH PLAN	722.09	165.41	887.50	1,797.39	413.91	2,211.30
	*	MEDICAL ASSOCIATES HEALTH PLANS	649.80	-	649.80	1,617.00	-	1,617.00
	*	UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
	3	STANDARD PLAN - BALANCE OF STATE	722.09	579.11	1,301.20	1,797.39	1,447.61	3,245.00
DANE								
		DEAN HEALTH INSURANCE	595.35	99.35	694.70	1,480.50	248.80	1,729.30
		GHC SOUTH CENTRAL WI	595.35	18.25	613.60	1,480.50	46.00	1,526.50
		PHYSICIANS PLUS	595.35	125.65	721.00	1,480.50	314.50	1,795.00
		UNITY HEALTH INSURANCE - UW HEALTH	567.00	-	567.00	1,410.00	-	1,410.00
		WEA TRUST - SOUTH CENTRAL	595.35	186.55	781.90	1,480.50	466.80	1,947.30
	3	STANDARD PLAN - DANE	595.35	610.55	1,205.90	1,480.50	1,526.40	3,006.90
DODGE								
		ANTHEM BLUE PREFERRED SOUTHEAST	693.11	82.59	775.70	1,724.94	206.86	1,931.80
	*	ARISE HEALTH PLAN NORTHERN	693.11	329.09	1,022.20	1,724.94	823.06	2,548.00
		DEAN HEALTH INSURANCE	693.11	1.59	694.70	1,724.94	4.36	1,729.30
	3	HUMANA - EASTERN	693.11	526.79	1,219.90	1,724.94	1,317.36	3,042.30
		NETWORK HEALTH	693.11	98.89	792.00	1,724.94	247.56	1,972.50
		PHYSICIANS PLUS	693.11	27.89	721.00	1,724.94	70.06	1,795.00
		UNITEDHEALTHCARE OF WISCONSIN	693.11	208.49	901.60	1,724.94	521.56	2,246.50
		UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
		WEA TRUST - EAST	693.11	130.09	823.20	1,724.94	325.56	2,050.50
	3	STANDARD PLAN - BALANCE OF STATE	693.11	608.09	1,301.20	1,724.94	1,520.06	3,245.00
DOOR								
		ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
		ARISE HEALTH PLAN NORTHERN	759.78	262.42	1,022.20	1,891.58	656.42	2,548.00
	*	DEAN HEALTH INSURANCE - PREVEA360	759.78	84.02	843.80	1,891.58	210.42	2,102.00
	3	HUMANA - EASTERN	759.78	460.12	1,219.90	1,891.58	1,150.72	3,042.30
		NETWORK HEALTH	759.78	32.22	792.00	1,891.58	80.92	1,972.50
		UNITEDHEALTHCARE OF WISCONSIN	759.78	141.82	901.60	1,891.58	354.92	2,246.50
		WEA TRUST - EAST	759.78	63.42	823.20	1,891.58	158.92	2,050.50
	3	STANDARD PLAN - BALANCE OF STATE	759.78	541.42	1,301.20	1,891.58	1,353.42	3,245.00
DOUGLAS								
	3	GHC OF EAU CLAIRE	931.88	202.62	1,134.50	2,321.87	506.93	2,828.80
		HEALTHPARTNERS HEALTH PLAN	887.50	-	887.50	2,211.30	-	2,211.30
	3	HUMANA - WESTERN	931.88	288.02	1,219.90	2,321.87	720.43	3,042.30
	3	SECURITY HEALTH PLAN	931.88	145.72	1,077.60	2,321.87	364.63	2,686.50
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	931.88	31.62	963.50	2,321.87	79.43	2,401.30
	3	STANDARD PLAN - BALANCE OF STATE	931.88	369.32	1,301.20	2,321.87	923.13	3,245.00
DUNN								
	3	HUMANA - WESTERN	1,011.68	208.22	1,219.90	2,521.37	520.93	3,042.30
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	963.50	-	963.50	2,401.30	-	2,401.30
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	963.50	-	963.50	2,401.30	-	2,401.30
	3	STANDARD PLAN - BALANCE OF STATE	1,011.68	289.52	1,301.20	2,521.37	723.63	3,245.00
EAU CLAIRE								
		GUNDERSEN HEALTH PLAN	790.20	-	790.20	1,968.00	-	1,968.00
		HEALTHPARTNERS HEALTH PLAN	829.71	57.79	887.50	2,066.40	144.90	2,211.30
	3	HUMANA - WESTERN	829.71	390.19	1,219.90	2,066.40	975.90	3,042.30
	3	SECURITY HEALTH PLAN	829.71	247.89	1,077.60	2,066.40	620.10	2,686.50
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	829.71	133.79	963.50	2,066.40	334.90	2,401.30
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	829.71	133.79	963.50	2,066.40	334.90	2,401.30
	3	STANDARD PLAN - BALANCE OF STATE	829.71	471.49	1,301.20	2,066.40	1,178.60	3,245.00
FLORENCE								
	*	ARISE HEALTH PLAN NORTHERN	908.46	113.74	1,022.20	2,264.85	283.15	2,548.00
	*	WEA TRUST - EAST	823.20	-	823.20	2,050.50	-	2,050.50
	3	STANDARD PLAN - BALANCE OF STATE	908.46	392.74	1,301.20	2,264.85	980.15	3,245.00
		STATE MAINTENANCE PLAN	865.20	-	865.20	2,157.00	-	2,157.00
FOND DU LAC								
		ANTHEM BLUE PREFERRED NORTHEAST	693.11	30.49	723.60	1,724.94	76.56	1,801.50
		ARISE HEALTH PLAN NORTHERN	693.11	329.09	1,022.20	1,724.94	823.06	2,548.00
		DEAN HEALTH INSURANCE	693.11	1.59	694.70	1,724.94	4.36	1,729.30
	3	HUMANA - EASTERN	693.11	526.79	1,219.90	1,724.94	1,317.36	3,042.30
		NETWORK HEALTH	693.11	98.89	792.00	1,724.94	247.56	1,972.50
		UNITEDHEALTHCARE OF WISCONSIN	693.11	208.49	901.60	1,724.94	521.56	2,246.50
		UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
		WEA TRUST - EAST	693.11	130.09	823.20	1,724.94	325.56	2,050.50
	3	STANDARD PLAN - BALANCE OF STATE	693.11	608.09	1,301.20	1,724.94	1,520.06	3,245.00
FOREST								
	*	ARISE HEALTH PLAN NORTHERN	908.46	113.74	1,022.20	2,264.85	283.15	2,548.00
	3	SECURITY HEALTH PLAN	908.46	169.14	1,077.60	2,264.85	421.65	2,686.50
	*	WEA TRUST - EAST	823.20	-	823.20	2,050.50	-	2,050.50
	3	STANDARD PLAN - BALANCE OF STATE	908.46	392.74	1,301.20	2,264.85	980.15	3,245.00
		STATE MAINTENANCE PLAN	865.20	-	865.20	2,157.00	-	2,157.00

2015 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan * = Not In Calculation - Plan Not Qualified in County

LCQP

Traditional HMO - Standard PPO - P02

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
GRANT								
		DEAN HEALTH INSURANCE	682.29	12.41	694.70	1,697.85	31.45	1,729.30
		GUNDERSEN HEALTH PLAN	682.29	107.91	790.20	1,697.85	270.15	1,968.00
	*	HEALTH TRADITION HEALTH PLAN	682.29	5.41	687.70	1,697.85	13.95	1,711.80
		HEALTHPARTNERS HEALTH PLAN	682.29	205.21	887.50	1,697.85	513.45	2,211.30
		MEDICAL ASSOCIATES HEALTH PLANS	649.80	-	649.80	1,617.00	-	1,617.00
		PHYSICIANS PLUS	682.29	38.71	721.00	1,697.85	97.15	1,795.00
		UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
	3	STANDARD PLAN - DANE	682.29	523.61	1,205.90	1,697.85	1,309.05	3,006.90
GREEN								
		DEAN HEALTH INSURANCE	693.11	1.59	694.70	1,724.94	4.36	1,729.30
	3	HUMANA - EASTERN	693.11	526.79	1,219.90	1,724.94	1,317.36	3,042.30
	*	MERCYCARE HEALTH PLANS	637.70	-	637.70	1,586.80	-	1,586.80
		UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
	3	STANDARD PLAN - BALANCE OF STATE	693.11	608.09	1,301.20	1,724.94	1,520.06	3,245.00
GREEN LAKE								
		ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
	*	ARISE HEALTH PLAN NORTHERN	759.78	262.42	1,022.20	1,891.58	656.42	2,548.00
	*	DEAN HEALTH INSURANCE	694.70	-	694.70	1,729.30	-	1,729.30
	3	HUMANA - EASTERN	759.78	460.12	1,219.90	1,891.58	1,150.72	3,042.30
		NETWORK HEALTH	759.78	32.22	792.00	1,891.58	80.92	1,972.50
	*	PHYSICIANS PLUS	721.00	-	721.00	1,795.00	-	1,795.00
		UNITEDHEALTHCARE OF WISCONSIN	759.78	141.82	901.60	1,891.58	354.92	2,246.50
		WEA TRUST - EAST	759.78	63.42	823.20	1,891.58	158.92	2,050.50
	3	STANDARD PLAN - BALANCE OF STATE	759.78	541.42	1,301.20	1,891.58	1,353.42	3,245.00
IOWA								
		DEAN HEALTH INSURANCE	682.29	12.41	694.70	1,697.85	31.45	1,729.30
		MEDICAL ASSOCIATES HEALTH PLANS	649.80	-	649.80	1,617.00	-	1,617.00
		PHYSICIANS PLUS	682.29	38.71	721.00	1,697.85	97.15	1,795.00
		UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
	3	STANDARD PLAN - BALANCE OF STATE	682.29	618.91	1,301.20	1,697.85	1,547.15	3,245.00
IRON								
	3	GHC OF EAU CLAIRE	908.46	226.04	1,134.50	2,264.85	563.95	2,828.80
	3	SECURITY HEALTH PLAN	908.46	169.14	1,077.60	2,264.85	421.65	2,686.50
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	908.46	55.04	963.50	2,264.85	136.45	2,401.30
	3	STANDARD PLAN - BALANCE OF STATE	908.46	392.74	1,301.20	2,264.85	980.15	3,245.00
		STATE MAINTENANCE PLAN	865.20	-	865.20	2,157.00	-	2,157.00
JACKSON								
		GUNDERSEN HEALTH PLAN	722.09	68.11	790.20	1,797.39	170.61	1,968.00
		HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,711.80	-	1,711.80
		HEALTHPARTNERS HEALTH PLAN	722.09	165.41	887.50	1,797.39	413.91	2,211.30
	3	SECURITY HEALTH PLAN	722.09	355.51	1,077.60	1,797.39	889.11	2,686.50
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	722.09	241.41	963.50	1,797.39	603.91	2,401.30
	3	STANDARD PLAN - BALANCE OF STATE	722.09	579.11	1,301.20	1,797.39	1,447.61	3,245.00
JEFFERSON								
		ANTHEM BLUE PREFERRED SOUTHEAST	669.59	106.11	775.70	1,666.14	265.66	1,931.80
	*	ARISE HEALTH PLAN NORTHERN	669.59	352.61	1,022.20	1,666.14	881.86	2,548.00
		DEAN HEALTH INSURANCE	669.59	25.11	694.70	1,666.14	63.16	1,729.30
	3	HUMANA - EASTERN	669.59	550.31	1,219.90	1,666.14	1,376.16	3,042.30
		MERCYCARE HEALTH PLANS	637.70	-	637.70	1,586.80	-	1,586.80
		PHYSICIANS PLUS	669.59	51.41	721.00	1,666.14	128.86	1,795.00
		UNITEDHEALTHCARE OF WISCONSIN	669.59	232.01	901.60	1,666.14	580.36	2,246.50
		UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
		WEA TRUST - EAST	669.59	153.61	823.20	1,666.14	384.36	2,050.50
	3	STANDARD PLAN - DANE	669.59	536.31	1,205.90	1,666.14	1,340.76	3,006.90
JUNEAU								
	*	DEAN HEALTH INSURANCE	693.11	1.59	694.70	1,724.94	4.36	1,729.30
		GUNDERSEN HEALTH PLAN	693.11	97.09	790.20	1,724.94	243.06	1,968.00
		HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,711.80	-	1,711.80
		PHYSICIANS PLUS	693.11	27.89	721.00	1,724.94	70.06	1,795.00
		SECURITY HEALTH PLAN	693.11	384.49	1,077.60	1,724.94	961.56	2,686.50
		UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
		WEA TRUST - EAST	693.11	130.09	823.20	1,724.94	325.56	2,050.50
	3	STANDARD PLAN - BALANCE OF STATE	693.11	608.09	1,301.20	1,724.94	1,520.06	3,245.00
KENOSHA								
		ANTHEM BLUE PREFERRED SOUTHEAST	775.70	-	775.70	1,931.80	-	1,931.80
		ARISE HEALTH PLAN SOUTHEAST	814.49	240.31	1,054.80	2,028.39	601.11	2,629.50
	3	HUMANA - EASTERN	814.49	405.41	1,219.90	2,028.39	1,013.91	3,042.30
		UNITEDHEALTHCARE OF WISCONSIN	814.49	87.11	901.60	2,028.39	218.11	2,246.50
		WEA TRUST - EAST	814.49	8.71	823.20	2,028.39	22.11	2,050.50
	3	STANDARD PLAN - WAUKESHA	814.49	486.71	1,301.20	2,028.39	1,216.61	3,245.00

2015 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan * = Not In Calculation - Plan Not Qualified in County

LCQP

Traditional HMO - Standard PPO - P02

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
KEWAUNEE							
*	ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
	ARISE HEALTH PLAN NORTHERN	831.60	190.60	1,022.20	2,071.13	476.87	2,548.00
*	DEAN HEALTH INSURANCE - PREVEA360	831.60	12.20	843.80	2,071.13	30.87	2,102.00
3	HUMANA - EASTERN	831.60	388.30	1,219.90	2,071.13	971.17	3,042.30
	NETWORK HEALTH	792.00	-	792.00	1,972.50	-	1,972.50
*	UNITEDHEALTHCARE OF WISCONSIN	831.60	70.00	901.60	2,071.13	175.37	2,246.50
	WEA TRUST - EAST	823.20	-	823.20	2,050.50	-	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	831.60	469.60	1,301.20	2,071.13	1,173.87	3,245.00
LACROSSE							
	GUNDERSEN HEALTH PLAN	722.09	68.11	790.20	1,797.39	170.61	1,968.00
	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,711.80	-	1,711.80
	HEALTHPARTNERS HEALTH PLAN	722.09	165.41	887.50	1,797.39	413.91	2,211.30
3	STANDARD PLAN - DANE	722.09	483.81	1,205.90	1,797.39	1,209.51	3,006.90
LAFAYETTE							
*	DEAN HEALTH INSURANCE	682.29	12.41	694.70	1,697.85	31.45	1,729.30
	MEDICAL ASSOCIATES HEALTH PLANS	649.80	-	649.80	1,617.00	-	1,617.00
	PHYSICIANS PLUS	682.29	38.71	721.00	1,697.85	97.15	1,795.00
*	UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
3	STANDARD PLAN - BALANCE OF STATE	682.29	618.91	1,301.20	1,697.85	1,547.15	3,245.00
LANGLADE							
	ARISE HEALTH PLAN NORTHERN	864.36	157.84	1,022.20	2,153.03	394.97	2,548.00
3	GHC OF EAU CLAIRE	864.36	270.14	1,134.50	2,153.03	675.77	2,828.80
*	HEALTHPARTNERS HEALTH PLAN	864.36	23.14	887.50	2,153.03	58.27	2,211.30
3	SECURITY HEALTH PLAN	864.36	213.24	1,077.60	2,153.03	533.47	2,686.50
	WEA TRUST - EAST	823.20	-	823.20	2,050.50	-	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	864.36	436.84	1,301.20	2,153.03	1,091.97	3,245.00
LINCOLN							
*	ARISE HEALTH PLAN NORTHERN	864.36	157.84	1,022.20	2,153.03	394.97	2,548.00
3	GHC OF EAU CLAIRE	864.36	270.14	1,134.50	2,153.03	675.77	2,828.80
	HEALTHPARTNERS HEALTH PLAN	864.36	23.14	887.50	2,153.03	58.27	2,211.30
3	SECURITY HEALTH PLAN	864.36	213.24	1,077.60	2,153.03	533.47	2,686.50
	WEA TRUST - EAST	823.20	-	823.20	2,050.50	-	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	864.36	436.84	1,301.20	2,153.03	1,091.97	3,245.00
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
	ARISE HEALTH PLAN NORTHERN	759.78	262.42	1,022.20	1,891.58	656.42	2,548.00
	DEAN HEALTH INSURANCE - PREVEA360	759.78	84.02	843.80	1,891.58	210.42	2,102.00
3	HUMANA - EASTERN	759.78	460.12	1,219.90	1,891.58	1,150.72	3,042.30
	NETWORK HEALTH	759.78	32.22	792.00	1,891.58	80.92	1,972.50
	UNITEDHEALTHCARE OF WISCONSIN	759.78	141.82	901.60	1,891.58	354.92	2,246.50
	WEA TRUST - EAST	759.78	63.42	823.20	1,891.58	158.92	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	759.78	541.42	1,301.20	1,891.58	1,353.42	3,245.00
MARATHON							
	ARISE HEALTH PLAN NORTHERN	864.36	157.84	1,022.20	2,153.03	394.97	2,548.00
3	GHC OF EAU CLAIRE	864.36	270.14	1,134.50	2,153.03	675.77	2,828.80
	HEALTHPARTNERS HEALTH PLAN	864.36	23.14	887.50	2,153.03	58.27	2,211.30
3	SECURITY HEALTH PLAN	864.36	213.24	1,077.60	2,153.03	533.47	2,686.50
	WEA TRUST - EAST	823.20	-	823.20	2,050.50	-	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	864.36	436.84	1,301.20	2,153.03	1,091.97	3,245.00
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
	ARISE HEALTH PLAN NORTHERN	759.78	262.42	1,022.20	1,891.58	656.42	2,548.00
*	DEAN HEALTH INSURANCE - PREVEA360	759.78	84.02	843.80	1,891.58	210.42	2,102.00
3	HUMANA - EASTERN	759.78	460.12	1,219.90	1,891.58	1,150.72	3,042.30
	UNITEDHEALTHCARE OF WISCONSIN	759.78	141.82	901.60	1,891.58	354.92	2,246.50
	WEA TRUST - EAST	759.78	63.42	823.20	1,891.58	158.92	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	759.78	541.42	1,301.20	1,891.58	1,353.42	3,245.00
MARQUETTE							
*	ARISE HEALTH PLAN NORTHERN	757.05	265.15	1,022.20	1,884.75	663.25	2,548.00
*	GHC OF SOUTH CENTRAL WISCONSIN	613.60	-	613.60	1,526.50	-	1,526.50
*	NETWORK HEALTH	757.05	34.95	792.00	1,884.75	87.75	1,972.50
	PHYSICIANS PLUS	721.00	-	721.00	1,795.00	-	1,795.00
*	UNITEDHEALTHCARE OF WISCONSIN	757.05	144.55	901.60	1,884.75	361.75	2,246.50
*	UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
	WEA TRUST - EAST	757.05	66.15	823.20	1,884.75	165.75	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	757.05	544.15	1,301.20	1,884.75	1,360.25	3,245.00
MENOMINEE							
*	WEA TRUST - EAST	823.20	-	823.20	2,050.50	-	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	908.46	392.74	1,301.20	2,264.85	980.15	3,245.00
	STATE MAINTENANCE PLAN	865.20	-	865.20	2,157.00	-	2,157.00
MILWAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	775.70	-	775.70	1,931.80	-	1,931.80
	ARISE HEALTH PLAN SOUTHEAST	814.49	240.31	1,054.80	2,028.39	601.11	2,629.50
3	HUMANA - EASTERN	814.49	405.41	1,219.90	2,028.39	1,013.91	3,042.30
	UNITEDHEALTHCARE OF WISCONSIN	814.49	87.11	901.60	2,028.39	218.11	2,246.50
	WEA TRUST - EAST	814.49	8.71	823.20	2,028.39	22.11	2,050.50
3	STANDARD PLAN - MILWAUKEE	814.49	593.81	1,408.30	2,028.39	1,484.91	3,513.30

2015 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan * = Not In Calculation - Plan Not Qualified in County

LCQP

Traditional HMO - Standard PPO - P02

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	722.09	68.11	790.20	1,797.39	170.61	1,968.00
	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,711.80	-	1,711.80
	HEALTHPARTNERS HEALTH PLAN	722.09	165.41	887.50	1,797.39	413.91	2,211.30
3	STANDARD PLAN - BALANCE OF STATE	722.09	579.11	1,301.20	1,797.39	1,447.61	3,245.00
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
	ARISE HEALTH PLAN NORTHERN	759.78	262.42	1,022.20	1,891.58	656.42	2,548.00
	DEAN HEALTH INSURANCE - PREVEA360	759.78	84.02	843.80	1,891.58	210.42	2,102.00
3	HUMANA - EASTERN	759.78	460.12	1,219.90	1,891.58	1,150.72	3,042.30
	NETWORK HEALTH	759.78	32.22	792.00	1,891.58	80.92	1,972.50
*	UNITEDHEALTHCARE OF WISCONSIN	759.78	141.82	901.60	1,891.58	354.92	2,246.50
	WEA TRUST - EAST	759.78	63.42	823.20	1,891.58	158.92	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	759.78	541.42	1,301.20	1,891.58	1,353.42	3,245.00
ONEIDA							
*	ARISE HEALTH PLAN NORTHERN	864.36	157.84	1,022.20	2,153.03	394.97	2,548.00
3	GHC OF EAU CLAIRE	864.36	270.14	1,134.50	2,153.03	675.77	2,828.80
	HEALTHPARTNERS HEALTH PLAN	864.36	23.14	887.50	2,153.03	58.27	2,211.30
3	SECURITY HEALTH PLAN	864.36	213.24	1,077.60	2,153.03	533.47	2,686.50
	WEA TRUST - EAST	823.20	-	823.20	2,050.50	-	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	864.36	436.84	1,301.20	2,153.03	1,091.97	3,245.00
OUTAGAMIE							
	ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
	ARISE HEALTH PLAN NORTHERN	759.78	262.42	1,022.20	1,891.58	656.42	2,548.00
*	DEAN HEALTH INSURANCE - PREVEA360	759.78	84.02	843.80	1,891.58	210.42	2,102.00
3	HUMANA - EASTERN	759.78	460.12	1,219.90	1,891.58	1,150.72	3,042.30
	NETWORK HEALTH	759.78	32.22	792.00	1,891.58	80.92	1,972.50
	UNITEDHEALTHCARE OF WISCONSIN	759.78	141.82	901.60	1,891.58	354.92	2,246.50
	WEA TRUST - EAST	759.78	63.42	823.20	1,891.58	158.92	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	759.78	541.42	1,301.20	1,891.58	1,353.42	3,245.00
OZAUKEE							
	ANTHEM BLUE PREFERRED SOUTHEAST	775.70	-	775.70	1,931.80	-	1,931.80
	ARISE HEALTH PLAN SOUTHEAST	814.49	240.31	1,054.80	2,028.39	601.11	2,629.50
3	HUMANA - EASTERN	814.49	405.41	1,219.90	2,028.39	1,013.91	3,042.30
	UNITEDHEALTHCARE OF WISCONSIN	814.49	87.11	901.60	2,028.39	218.11	2,246.50
	WEA TRUST - EAST	814.49	8.71	823.20	2,028.39	22.11	2,050.50
3	STANDARD PLAN - WAUKESHA	814.49	486.71	1,301.20	2,028.39	1,216.61	3,245.00
PEPIN							
*	HEALTHPARTNERS HEALTH PLAN	887.50	-	887.50	2,211.30	-	2,211.30
3	HUMANA - WESTERN	1,011.68	208.22	1,219.90	2,521.37	520.93	3,042.30
3	SECURITY HEALTH PLAN	1,011.68	65.92	1,077.60	2,521.37	165.13	2,686.50
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	963.50	-	963.50	2,401.30	-	2,401.30
3	STANDARD PLAN - WAUKESHA	1,011.68	247.19	1,301.20	2,521.37	617.08	3,245.00
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	887.50	-	887.50	2,211.30	-	2,211.30
3	HUMANA - WESTERN	931.88	288.02	1,219.90	2,321.87	720.43	3,042.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	931.88	31.62	963.50	2,321.87	79.43	2,401.30
	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	931.88	31.62	963.50	2,321.87	79.43	2,401.30
3	STANDARD PLAN - BALANCE OF STATE	931.88	369.32	1,301.20	2,321.87	923.13	3,245.00
POLK							
	HEALTHPARTNERS HEALTH PLAN	887.50	-	887.50	2,211.30	-	2,211.30
3	HUMANA - WESTERN	931.88	288.02	1,219.90	2,321.87	720.43	3,042.30
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	931.88	31.62	963.50	2,321.87	79.43	2,401.30
3	STANDARD PLAN - DANE	931.88	274.02	1,205.90	2,321.87	685.03	3,006.90
PORTAGE							
	ARISE HEALTH PLAN NORTHERN	864.36	157.84	1,022.20	2,153.03	394.97	2,548.00
	HEALTHPARTNERS HEALTH PLAN	864.36	23.14	887.50	2,153.03	58.27	2,211.30
3	SECURITY HEALTH PLAN	864.36	213.24	1,077.60	2,153.03	533.47	2,686.50
	WEA TRUST - EAST	823.20	-	823.20	2,050.50	-	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	864.36	436.84	1,301.20	2,153.03	1,091.97	3,245.00
PRICE							
3	GHC OF EAU CLAIRE	864.36	270.14	1,134.50	2,153.03	675.77	2,828.80
*	HEALTHPARTNERS HEALTH PLAN	864.36	23.14	887.50	2,153.03	58.27	2,211.30
3	SECURITY HEALTH PLAN	864.36	213.24	1,077.60	2,153.03	533.47	2,686.50
	WEA TRUST - EAST	823.20	-	823.20	2,050.50	-	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	864.36	436.84	1,301.20	2,153.03	1,091.97	3,245.00
RACINE							
	ANTHEM BLUE PREFERRED SOUTHEAST	775.70	-	775.70	1,931.80	-	1,931.80
*	ARISE HEALTH PLAN SOUTHEAST	814.49	240.31	1,054.80	2,028.39	601.11	2,629.50
3	HUMANA - EASTERN	814.49	405.41	1,219.90	2,028.39	1,013.91	3,042.30
	UNITEDHEALTHCARE OF WISCONSIN	814.49	87.11	901.60	2,028.39	218.11	2,246.50
	WEA TRUST - EAST	814.49	8.71	823.20	2,028.39	22.11	2,050.50
3	STANDARD PLAN - WAUKESHA	814.49	486.71	1,301.20	2,028.39	1,216.61	3,245.00

2015 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan * = Not In Calculation - Plan Not Qualified in County

LCQP

Traditional HMO - Standard PPO - P02

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
RICHLAND								
		DEAN HEALTH INSURANCE	693.11	1.59	694.70	1,724.94	4.36	1,729.30
		GUNDERSEN HEALTH PLAN	693.11	97.09	790.20	1,724.94	243.06	1,968.00
	*	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,711.80	-	1,711.80
		PHYSICIANS PLUS	693.11	27.89	721.00	1,724.94	70.06	1,795.00
		UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
	3	STANDARD PLAN - BALANCE OF STATE	693.11	608.09	1,301.20	1,724.94	1,520.06	3,245.00
ROCK								
		ANTHEM BLUE PREFERRED SOUTHEAST	669.59	106.11	775.70	1,666.14	265.66	1,931.80
		DEAN HEALTH INSURANCE	669.59	25.11	694.70	1,666.14	63.16	1,729.30
	3	HUMANA - EASTERN	669.59	550.31	1,219.90	1,666.14	1,376.16	3,042.30
		MERCYCARE HEALTH PLANS	637.70	-	637.70	1,586.80	-	1,586.80
	*	PHYSICIANS PLUS	669.59	51.41	721.00	1,666.14	128.86	1,795.00
		UNITEDHEALTHCARE OF WISCONSIN	669.59	232.01	901.60	1,666.14	580.36	2,246.50
		UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
		WEA TRUST - EAST	669.59	153.61	823.20	1,666.14	384.36	2,050.50
	3	STANDARD PLAN - BALANCE OF STATE	669.59	631.61	1,301.20	1,666.14	1,578.86	3,245.00
RUSK								
	*	HEALTHPARTNERS HEALTH PLAN	887.50	-	887.50	2,211.30	-	2,211.30
	3	SECURITY HEALTH PLAN	1,011.68	65.92	1,077.60	2,521.37	165.13	2,686.50
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	963.50	-	963.50	2,401.30	-	2,401.30
	3	STANDARD PLAN - BALANCE OF STATE	1,011.68	289.52	1,301.20	2,521.37	723.63	3,245.00
SAUK								
		DEAN HEALTH INSURANCE	693.11	1.59	694.70	1,724.94	4.36	1,729.30
	*	GHC OF SOUTH CENTRAL WISCONSIN	613.60	-	613.60	1,526.50	-	1,526.50
		GUNDERSEN HEALTH PLAN	693.11	97.09	790.20	1,724.94	243.06	1,968.00
	*	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,711.80	-	1,711.80
		PHYSICIANS PLUS	693.11	27.89	721.00	1,724.94	70.06	1,795.00
		UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
	3	STANDARD PLAN - BALANCE OF STATE	693.11	608.09	1,301.20	1,724.94	1,520.06	3,245.00
SAWYER								
	3	GHC OF EAU CLAIRE	931.88	202.62	1,134.50	2,321.87	506.93	2,828.80
	*	GUNDERSEN HEALTH PLAN	790.20	-	790.20	1,968.00	-	1,968.00
		HEALTHPARTNERS HEALTH PLAN	887.50	-	887.50	2,211.30	-	2,211.30
	3	SECURITY HEALTH PLAN	931.88	145.72	1,077.60	2,321.87	364.63	2,686.50
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	931.88	31.62	963.50	2,321.87	79.43	2,401.30
	3	STANDARD PLAN - BALANCE OF STATE	931.88	369.32	1,301.20	2,321.87	923.13	3,245.00
SHAWANO								
		ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
		ARISE HEALTH PLAN NORTHERN	759.78	262.42	1,022.20	1,891.58	656.42	2,548.00
	3	HUMANA - EASTERN	759.78	460.12	1,219.90	1,891.58	1,150.72	3,042.30
		NETWORK HEALTH	759.78	32.22	792.00	1,891.58	80.92	1,972.50
		UNITEDHEALTHCARE OF WISCONSIN	759.78	141.82	901.60	1,891.58	354.92	2,246.50
		WEA TRUST - EAST	759.78	63.42	823.20	1,891.58	158.92	2,050.50
	3	STANDARD PLAN - BALANCE OF STATE	759.78	541.42	1,301.20	1,891.58	1,353.42	3,245.00
SHEBOYGAN								
		ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
		ARISE HEALTH PLAN NORTHERN	759.78	262.42	1,022.20	1,891.58	656.42	2,548.00
		DEAN HEALTH INSURANCE - PREVEA360	759.78	84.02	843.80	1,891.58	210.42	2,102.00
	3	HUMANA - EASTERN	759.78	460.12	1,219.90	1,891.58	1,150.72	3,042.30
		NETWORK HEALTH	759.78	32.22	792.00	1,891.58	80.92	1,972.50
		UNITEDHEALTHCARE OF WISCONSIN	759.78	141.82	901.60	1,891.58	354.92	2,246.50
		WEA TRUST - EAST	759.78	63.42	823.20	1,891.58	158.92	2,050.50
	3	STANDARD PLAN - BALANCE OF STATE	759.78	541.42	1,301.20	1,891.58	1,353.42	3,245.00
ST. CROIX								
		HEALTHPARTNERS HEALTH PLAN	887.50	-	887.50	2,211.30	-	2,211.30
	3	HUMANA - WESTERN	931.88	288.02	1,219.90	2,321.87	720.43	3,042.30
		WEA TRUST - NORTHWEST CHIPPEWA VALLEY	931.88	31.62	963.50	2,321.87	79.43	2,401.30
	*	WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	931.88	31.62	963.50	2,321.87	79.43	2,401.30
	3	STANDARD PLAN - DANE	931.88	274.02	1,205.90	2,321.87	685.03	3,006.90
TAYLOR								
		ARISE HEALTH PLAN NORTHERN	864.36	157.84	1,022.20	2,153.03	394.97	2,548.00
	3	GHC OF EAU CLAIRE	864.36	270.14	1,134.50	2,153.03	675.77	2,828.80
	*	HEALTHPARTNERS HEALTH PLAN	864.36	23.14	887.50	2,153.03	58.27	2,211.30
	3	SECURITY HEALTH PLAN	864.36	213.24	1,077.60	2,153.03	533.47	2,686.50
		WEA TRUST - EAST	823.20	-	823.20	2,050.50	-	2,050.50
	3	STANDARD PLAN - BALANCE OF STATE	864.36	436.84	1,301.20	2,153.03	1,091.97	3,245.00
TREMPEALEAU								
		GUNDERSEN HEALTH PLAN	790.20	-	790.20	1,968.00	-	1,968.00
	*	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,711.80	-	1,711.80
	*	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	829.71	133.79	963.50	2,066.40	334.90	2,401.30
		WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	829.71	133.79	963.50	2,066.40	334.90	2,401.30
	3	STANDARD PLAN - BALANCE OF STATE	829.71	471.49	1,301.20	2,066.40	1,178.60	3,245.00

2015 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan * = Not In Calculation - Plan Not Qualified in County

LCQP

Traditional HMO - Standard PPO - P02

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
VERNON							
*	DEAN HEALTH INSURANCE	693.11	1.59	694.70	1,724.94	4.36	1,729.30
	GUNDERSEN HEALTH PLAN	693.11	97.09	790.20	1,724.94	243.06	1,968.00
	HEALTH TRADITION HEALTH PLAN	687.70	-	687.70	1,711.80	-	1,711.80
*	HEALTHPARTNERS HEALTH PLAN	693.11	194.39	887.50	1,724.94	486.36	2,211.30
*	PHYSICIANS PLUS	693.11	27.89	721.00	1,724.94	70.06	1,795.00
	UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
3	STANDARD PLAN - BALANCE OF STATE	693.11	608.09	1,301.20	1,724.94	1,520.06	3,245.00
VILAS							
*	ARISE HEALTH PLAN NORTHERN	908.46	113.74	1,022.20	2,264.85	283.15	2,548.00
3	GHC OF EAU CLAIRE	908.46	226.04	1,134.50	2,264.85	563.95	2,828.80
*	HEALTHPARTNERS HEALTH PLAN	887.50	-	887.50	2,211.30	-	2,211.30
3	SECURITY HEALTH PLAN	908.46	169.14	1,077.60	2,264.85	421.65	2,686.50
*	WEA TRUST - EAST	823.20	-	823.20	2,050.50	-	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	908.46	392.74	1,301.20	2,264.85	980.15	3,245.00
	STATE MAINTENANCE PLAN	865.20	-	865.20	2,157.00	-	2,157.00
WALWORTH							
	ANTHEM BLUE PREFERRED SOUTHEAST	669.59	106.11	775.70	1,666.14	265.66	1,931.80
*	ARISE HEALTH PLAN SOUTHEAST	669.59	385.21	1,054.80	1,666.14	963.36	2,629.50
*	DEAN HEALTH INSURANCE	669.59	25.11	694.70	1,666.14	63.16	1,729.30
3	HUMANA - EASTERN	669.59	550.31	1,219.90	1,666.14	1,376.16	3,042.30
	MERCYCARE HEALTH PLANS	637.70	-	637.70	1,586.80	-	1,586.80
*	PHYSICIANS PLUS	669.59	51.41	721.00	1,666.14	128.86	1,795.00
	UNITEDHEALTHCARE OF WISCONSIN	669.59	232.01	901.60	1,666.14	580.36	2,246.50
	UNITY HEALTH INSURANCE - COMMUNITY	660.10	-	660.10	1,642.80	-	1,642.80
	WEA TRUST - EAST	669.59	153.61	823.20	1,666.14	384.36	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	669.59	631.61	1,301.20	1,666.14	1,578.86	3,245.00
WASHBURN							
	GHC OF EAU CLAIRE	931.88	202.62	1,134.50	2,321.87	506.93	2,828.80
*	GUNDERSEN HEALTH PLAN	790.20	-	790.20	1,968.00	-	1,968.00
	HEALTHPARTNERS HEALTH PLAN	887.50	-	887.50	2,211.30	-	2,211.30
3	SECURITY HEALTH PLAN	931.88	145.72	1,077.60	2,321.87	364.63	2,686.50
	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	931.88	31.62	963.50	2,321.87	79.43	2,401.30
3	STANDARD PLAN - BALANCE OF STATE	931.88	369.32	1,301.20	2,321.87	923.13	3,245.00
WASHINGTON							
	ANTHEM BLUE PREFERRED SOUTHEAST	775.70	-	775.70	1,931.80	-	1,931.80
	ARISE HEALTH PLAN SOUTHEAST	814.49	240.31	1,054.80	2,028.39	601.11	2,629.50
3	HUMANA - EASTERN	814.49	405.41	1,219.90	2,028.39	1,013.91	3,042.30
	UNITEDHEALTHCARE OF WISCONSIN	814.49	87.11	901.60	2,028.39	218.11	2,246.50
	WEA TRUST - EAST	814.49	8.71	823.20	2,028.39	22.11	2,050.50
3	STANDARD PLAN - WAUKESHA	814.49	486.71	1,301.20	2,028.39	1,216.61	3,245.00
WAUKESHA							
	ANTHEM BLUE PREFERRED SOUTHEAST	729.44	46.26	775.70	1,815.77	116.03	1,931.80
	ARISE HEALTH PLAN SOUTHEAST	729.44	325.36	1,054.80	1,815.77	813.73	2,629.50
	DEAN HEALTH INSURANCE	694.70	-	694.70	1,729.30	-	1,729.30
3	HUMANA - EASTERN	729.44	490.46	1,219.90	1,815.77	1,226.53	3,042.30
*	PHYSICIANS PLUS	721.00	-	721.00	1,795.00	-	1,795.00
	UNITEDHEALTHCARE OF WISCONSIN	729.44	172.16	901.60	1,815.77	430.73	2,246.50
	WEA TRUST - EAST	729.44	93.76	823.20	1,815.77	234.73	2,050.50
3	STANDARD PLAN - WAUKESHA	729.44	571.76	1,301.20	1,815.77	1,429.23	3,245.00
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
	ARISE HEALTH PLAN NORTHERN	759.78	262.42	1,022.20	1,891.58	656.42	2,548.00
3	HUMANA - EASTERN	759.78	460.12	1,219.90	1,891.58	1,150.72	3,042.30
	NETWORK HEALTH	759.78	32.22	792.00	1,891.58	80.92	1,972.50
3	SECURITY HEALTH PLAN	759.78	317.82	1,077.60	1,891.58	794.92	2,686.50
	UNITEDHEALTHCARE OF WISCONSIN	759.78	141.82	901.60	1,891.58	354.92	2,246.50
	WEA TRUST - EAST	759.78	63.42	823.20	1,891.58	158.92	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	759.78	541.42	1,301.20	1,891.58	1,353.42	3,245.00
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
	ARISE HEALTH PLAN NORTHERN	759.78	262.42	1,022.20	1,891.58	656.42	2,548.00
3	HUMANA - EASTERN	759.78	460.12	1,219.90	1,891.58	1,150.72	3,042.30
	NETWORK HEALTH	759.78	32.22	792.00	1,891.58	80.92	1,972.50
*	PHYSICIANS PLUS	721.00	-	721.00	1,795.00	-	1,795.00
3	SECURITY HEALTH PLAN	759.78	317.82	1,077.60	1,891.58	794.92	2,686.50
	UNITEDHEALTHCARE OF WISCONSIN	759.78	141.82	901.60	1,891.58	354.92	2,246.50
	WEA TRUST - EAST	759.78	63.42	823.20	1,891.58	158.92	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	759.78	541.42	1,301.20	1,891.58	1,353.42	3,245.00
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	723.60	-	723.60	1,801.50	-	1,801.50
	ARISE HEALTH PLAN NORTHERN	759.78	262.42	1,022.20	1,891.58	656.42	2,548.00
3	HUMANA - EASTERN	759.78	460.12	1,219.90	1,891.58	1,150.72	3,042.30
	NETWORK HEALTH	759.78	32.22	792.00	1,891.58	80.92	1,972.50
	UNITEDHEALTHCARE OF WISCONSIN	759.78	141.82	901.60	1,891.58	354.92	2,246.50
	WEA TRUST - EAST	759.78	63.42	823.20	1,891.58	158.92	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	759.78	541.42	1,301.20	1,891.58	1,353.42	3,245.00
WOOD							
	ARISE HEALTH PLAN NORTHERN	1,022.20	-	1,022.20	2,548.00	-	2,548.00
*	HEALTHPARTNERS HEALTH PLAN	887.50	-	887.50	2,211.30	-	2,211.30
*	PHYSICIANS PLUS	721.00	-	721.00	1,795.00	-	1,795.00
3	SECURITY HEALTH PLAN	1,073.31	4.29	1,077.60	2,675.40	11.10	2,686.50
*	WEA TRUST - EAST	823.20	-	823.20	2,050.50	-	2,050.50
3	STANDARD PLAN - BALANCE OF STATE	1,073.31	227.89	1,301.20	2,675.40	569.60	3,245.00

REV (9/30/2014)