2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Traditional; With Dental - 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	742.60	54.54	797.14	1,831.07	137.61	1,968.68
	PHYSICIANS PLUS	742.60	26.24	768.84	1,831.07	66.81	1,897.88
3	SECURITY HEALTH PLAN - CENTRAL	742.60	386.94	1,129.54	1,831.07	968.61	2,799.68
	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
	WEA TRUST - EAST	742.60	145.74	888.34	1,831.07	365.61	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	742.60	568.60	1,311.20	1,831.07	1,439.55	3,270.62
ASHLAND							
	GHC OF EAU CLAIRE	948.40	19.24	967.64	2,345.57	49.31	2,394.88
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	948.40	181.14	1,129.54	2,345.57	454.11	2,799.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	948.40	176.14	1,124.54	2,345.57	441.61	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	948.40	362.80	1,311.20	2,345.57	925.05	3,270.62
BARRON							
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	HUMANA - WESTERN	948.40	371.14	1,319.54	2,345.57	929.11	3,274.68
3	SECURITY HEALTH PLAN - CENTRAL	948.40	181.14	1,129.54	2,345.57	454.11	2,799.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	948.40	176.14	1,124.54	2,345.57	441.61	2,787.18
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	948.40	176.14	1,124.54	2,345.57	441.61	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	948.40	362.80	1,311.20	2,345.57	925.05	3,270.62
BAYFIELD							
*	GHC OF EAU CLAIRE	909.95	57.69	967.64	2,266.22	128.66	2,394.88
*	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
* 3	SECURITY HEALTH PLAN - CENTRAL	909.95	219.59	1,129.54	2,266.22	533.46	2,799.68
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	909.95	214.59	1,124.54	2,266.22	520.96	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	909.95	401.25	1,311.20	2,266.22	1,004.40	3,270.62
	STATE MAINTENANCE PLAN (SMP) WPE	866.62	-	866.62	2,158.30	-	2,158.30
BROWN							
	ANTHEM BLUE PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
	DEAN HEALTH INSURANCE - PREVEA360	771.94	-	771.94	1,905.68	-	1,905.68
3	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
3	SECURITY HEALTH PLAN - VALLEY	800.56	328.98	1,129.54	1,975.97	823.71	2,799.68
	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
	WEA TRUST - EAST	800.56	87.78	888.34	1,975.97	220.71	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62
BUFFALO							
*	HEALTH TRADITION HEALTH PLAN	715.54	-	715.54	1,764.68	-	1,764.68
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	909.95	214.59	1,124.54	2,266.22	520.96	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	909.95	401.25	1,311.20	2,266.22	1,004.40	3,270.62
	STATE MAINTENANCE PLAN (SMP) WPE	866.62	-	866.62	2,158.30	-	2,158.30

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Traditional; With Dental - 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
BURNETT							
	GHC OF EAU CLAIRE	948.40	19.24	967.64	2,345.57	49.31	2,394.88
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	948.40	181.14	1,129.54	2,345.57	454.11	2,799.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	948.40	362.80	1,311.20	2,345.57	925.05	3,270.62
CALUMET							
	ANTHEM BLUE PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
* 3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
3	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
*	WEA TRUST - EAST	800.56	87.78	888.34	1,975.97	220.71	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62
CHIPPEWA							
	GUNDERSEN HEALTH PLAN	704.44	-	704.44	1,736.88	-	1,736.88
	HEALTHPARTNERS HEALTH PLAN	739.66	163.58	903.24	1,823.72	410.16	2,233.88
3	HUMANA - WESTERN	739.66	579.88	1,319.54	1,823.72	1,450.96	3,274.68
3	SECURITY HEALTH PLAN - CENTRAL	739.66	389.88	1,129.54	1,823.72	975.96	2,799.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	739.66	384.88	1,124.54	1,823.72	963.46	2,787.18
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	739.66	384.88	1,124.54	1,823.72	963.46	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	739.66	571.54	1,311.20	1,823.72	1,446.90	3,270.62
CLARK							
* 3	ARISE HEALTH PLAN	948.40	179.34	1,127.74	2,345.57	449.61	2,795.18
	GHC OF EAU CLAIRE	948.40	19.24	967.64	2,345.57	49.31	2,394.88
*	GUNDERSEN HEALTH PLAN	704.44	-	704.44	1,736.88	-	1,736.88
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	948.40	181.14	1,129.54	2,345.57	454.11	2,799.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	948.40	176.14	1,124.54	2,345.57	441.61	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	948.40	362.80	1,311.20	2,345.57	925.05	3,270.62
COLUMBIA							
3	ARISE HEALTH PLAN	739.77	387.97	1,127.74	1,824.04	971.14	2,795.18
	DEAN HEALTH INSURANCE	739.77	57.37	797.14	1,824.04	144.64	1,968.68
	GHC OF SOUTH CENTRAL WISCONSIN	704.54	-	704.54	1,737.18	-	1,737.18
	PHYSICIANS PLUS	739.77	29.07	768.84	1,824.04	73.84	1,897.88
	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
	WEA TRUST - EAST	739.77	148.57	888.34	1,824.04	372.64	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	739.77	571.43	1,311.20	1,824.04	1,446.58	3,270.62
CRAWFORD							
* 3	ARISE HEALTH PLAN	689.89	437.85	1,127.74	1,699.30	1,095.88	2,795.18
	GUNDERSEN HEALTH PLAN	689.89	14.55	704.44	1,699.30	37.58	1,736.88
	HEALTH TRADITION HEALTH PLAN	689.89	25.65	715.54	1,699.30	65.38	1,764.68
	HEALTHPARTNERS HEALTH PLAN	689.89	213.35	903.24	1,699.30	534.58	2,233.88
	MEDICAL ASSOCIATES HEALTH PLANS	657.04	-	657.04	1,618.38	-	1,618.38
*	UNITY HEALTH INSURANCE - COMMUNITY	689.89	17.35	707.24	1,699.30	44.58	1,743.88
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	689.89	434.65	1,124.54	1,699.30	1,087.88	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	689.89	621.31	1,311.20	1,699.30	1,571.32	3,270.62

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Traditional; With Dental - 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
DANE							
	DEAN HEALTH INSURANCE	667.53	129.61	797.14	1,643.44	325.24	1,968.68
	GHC OF SOUTH CENTRAL WISCONSIN	667.53	37.01	704.54	1,643.44	93.74	1,737.18
	PHYSICIANS PLUS	667.53	101.31	768.84	1,643.44	254.44	1,897.88
	UNITY HEALTH INSURANCE - UW HEALTH	635.74	-	635.74	1,565.18	-	1,565.18
3	IYC ACCESS HEALTH PLAN - DANE	667.53	546.69	1,214.22	1,643.44	1,384.76	3,028.20
DODGE							
3	ARISE HEALTH PLAN	742.60	385.14	1,127.74	1,831.07	964.11	2,795.18
	DEAN HEALTH INSURANCE	742.60	54.54	797.14	1,831.07	137.61	1,968.68
3	HUMANA - EASTERN	742.60	404.74	1,147.34	1,831.07	1,013.11	2,844.18
	NETWORK HEALTH - NORTHEAST	742.60	52.34	794.94	1,831.07	132.11	1,963.18
	PHYSICIANS PLUS	742.60	26.24	768.84	1,831.07	66.81	1,897.88
	UNITEDHEALTHCARE OF WISCONSIN	742.60	223.34	965.94	1,831.07	559.61	2,390.68
	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
	WEA TRUST - EAST	742.60	145.74	888.34	1,831.07	365.61	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	742.60	568.60	1,311.20	1,831.07	1,439.55	3,270.62
DOOR							
	ANTHEM BLUE PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
*	DEAN HEALTH INSURANCE - PREVEA360	771.94	-	771.94	1,905.68	-	1,905.68
3	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
	WEA TRUST - EAST	800.56	87.78	888.34	1,975.97	220.71	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62
DOUGLAS							
	GHC OF EAU CLAIRE	948.40	19.24	967.64	2,345.57	49.31	2,394.88
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	HUMANA - WESTERN	948.40	371.14	1,319.54	2,345.57	929.11	3,274.68
3	SECURITY HEALTH PLAN - CENTRAL	948.40	181.14	1,129.54	2,345.57	454.11	2,799.68
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	948.40	176.14	1,124.54	2,345.57	441.61	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	948.40	362.80	1,311.20	2,345.57	925.05	3,270.62
DUNN							
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	HUMANA - WESTERN	948.40	371.14	1,319.54	2,345.57	929.11	3,274.68
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	948.40	176.14	1,124.54	2,345.57	441.61	2,787.18
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	948.40	176.14	1,124.54	2,345.57	441.61	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	948.40	362.80	1,311.20	2,345.57	925.05	3,270.62

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LCQP

IYC Local Traditional; With Dental - 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
EAU CLAIRE							
* 3	ARISE HEALTH PLAN	739.66	388.08	1,127.74	1,823.72	971.46	2,795.18
	GUNDERSEN HEALTH PLAN	704.44	-	704.44	1,736.88	-	1,736.88
	HEALTHPARTNERS HEALTH PLAN	739.66	163.58	903.24	1,823.72	410.16	2,233.88
3	HUMANA - WESTERN	739.66	579.88	1,319.54	1,823.72	1,450.96	3,274.68
3	SECURITY HEALTH PLAN - CENTRAL	739.66	389.88	1,129.54	1,823.72	975.96	2,799.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	739.66	384.88	1,124.54	1,823.72	963.46	2,787.18
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	739.66	384.88	1,124.54	1,823.72	963.46	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	739.66	571.54	1,311.20	1,823.72	1,446.90	3,270.62
FLORENCE							
* 3	ARISE HEALTH PLAN	909.95	217.79	1,127.74	2,266.22	528.96	2,795.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	909.95	401.25	1,311.20	2,266.22	1,004.40	3,270.62
	STATE MAINTENANCE PLAN (SMP) WPE	866.62	-	866.62	2,158.30	-	2,158.30
FOND DU LAC							
	ANTHEM BLUE PREFERRED NORTHEAST	742.60	19.84	762.44	1,831.07	50.81	1,881.88
3	ARISE HEALTH PLAN	742.60	385.14	1,127.74	1,831.07	964.11	2,795.18
	DEAN HEALTH INSURANCE	742.60	54.54	797.14	1,831.07	137.61	1,968.68
3	HUMANA - EASTERN	742.60	404.74	1,147.34	1,831.07	1,013.11	2,844.18
	NETWORK HEALTH - NORTHEAST	742.60	52.34	794.94	1,831.07	132.11	1,963.18
	UNITEDHEALTHCARE OF WISCONSIN	742.60	223.34	965.94	1,831.07	559.61	2,390.68
	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
	WEA TRUST - EAST	742.60	145.74	888.34	1,831.07	365.61	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	742.60	568.60	1,311.20	1,831.07	1,439.55	3,270.62
FOREST							
* 3	ARISE HEALTH PLAN	909.95	217.79	1,127.74	2,266.22	528.96	2,795.18
* 3	SECURITY HEALTH PLAN - CENTRAL	909.95	219.59	1,129.54	2,266.22	533.46	2,799.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	909.95	401.25	1,311.20	2,266.22	1,004.40	3,270.62
	STATE MAINTENANCE PLAN (SMP) WPE	866.62	-	866.62	2,158.30	-	2,158.30
GRANT							
* 3	ARISE HEALTH PLAN	689.89	437.85	1,127.74	1,699.30	1,095.88	2,795.18
	DEAN HEALTH INSURANCE	689.89	107.25	797.14	1,699.30	269.38	1,968.68
	GUNDERSEN HEALTH PLAN	689.89	14.55	704.44	1,699.30	37.58	1,736.88
	HEALTH TRADITION HEALTH PLAN	689.89	25.65	715.54	1,699.30	65.38	1,764.68
	MEDICAL ASSOCIATES HEALTH PLANS	657.04	-	657.04	1,618.38	-	1,618.38
	PHYSICIANS PLUS	689.89	78.95	768.84	1,699.30	198.58	1,897.88
	UNITY HEALTH INSURANCE - COMMUNITY	689.89	17.35	707.24	1,699.30	44.58	1,743.88
3	IYC ACCESS HEALTH PLAN - DANE	689.89	524.33	1,214.22	1,699.30	1,328.90	3,028.20
GREEN							
	DEAN HEALTH INSURANCE	742.60	54.54	797.14	1,831.07	137.61	1,968.68
3	HUMANA - EASTERN	742.60	404.74	1,147.34	1,831.07	1,013.11	2,844.18
*	MERCYCARE HEALTH PLANS	742.60	0.44	743.04	1,831.07	2.31	1,833.38
	PHYSICIANS PLUS	742.60	26.24	768.84	1,831.07	66.81	1,897.88
	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	742.60	568.60	1,311.20	1,831.07	1,439.55	3,270.62

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LCQP

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		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 PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
*	DEAN HEALTH INSURANCE	797.14	-	797.14	1,968.68	-	1,968.68
3	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
*	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
*	PHYSICIANS PLUS	768.84	-	768.84	1,897.88	-	1,897.88
3	SECURITY HEALTH PLAN - VALLEY	800.56	328.98	1,129.54	1,975.97	823.71	2,799.68
	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
	WEA TRUST - EAST	800.56	87.78	888.34	1,975.97	220.71	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62
IOWA							
	DEAN HEALTH INSURANCE	689.89	107.25	797.14	1,699.30	269.38	1,968.68
	MEDICAL ASSOCIATES HEALTH PLANS	657.04	-	657.04	1,618.38	-	1,618.38
	PHYSICIANS PLUS	689.89	78.95	768.84	1,699.30	198.58	1,897.88
	UNITY HEALTH INSURANCE - COMMUNITY	689.89	17.35	707.24	1,699.30	44.58	1,743.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	689.89	621.31	1,311.20	1,699.30	1,571.32	3,270.62
IRON							
*	GHC OF EAU CLAIRE	909.95	57.69	967.64	2,266.22	128.66	2,394.88
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	909.95	214.59	1,124.54	2,266.22	520.96	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	909.95	401.25	1,311.20	2,266.22	1,004.40	3,270.62
	STATE MAINTENANCE PLAN (SMP) WPE	866.62	-	866.62	2,158.30	-	2,158.30
JACKSON							
	GUNDERSEN HEALTH PLAN	704.44	-	704.44	1,736.88	-	1,736.88
	HEALTH TRADITION HEALTH PLAN	715.54	-	715.54	1,764.68	-	1,764.68
	HEALTHPARTNERS HEALTH PLAN	739.66	163.58	903.24	1,823.72	410.16	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	739.66	389.88	1,129.54	1,823.72	975.96	2,799.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	739.66	384.88	1,124.54	1,823.72	963.46	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	739.66	571.54	1,311.20	1,823.72	1,446.90	3,270.62
JEFFERSON							
* 3	ARISE HEALTH PLAN	742.60	385.14	1,127.74	1,831.07	964.11	2,795.18
	DEAN HEALTH INSURANCE	742.60	54.54	797.14	1,831.07	137.61	1,968.68
3	HUMANA - EASTERN	742.60	404.74	1,147.34	1,831.07	1,013.11	2,844.18
	MERCYCARE HEALTH PLANS	742.60	0.44	743.04	1,831.07	2.31	1,833.38
	PHYSICIANS PLUS	742.60	26.24	768.84	1,831.07	66.81	1,897.88
	UNITEDHEALTHCARE OF WISCONSIN	742.60	223.34	965.94	1,831.07	559.61	2,390.68
	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
	WEA TRUST - EAST	742.60	145.74	888.34	1,831.07	365.61	2,196.68
3	IYC ACCESS HEALTH PLAN - DANE	742.60	471.62	1,214.22	1,831.07	1,197.13	3,028.20

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Traditional; With Dental - 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
JUNEAU							
* 3	ARISE HEALTH PLAN	739.66	388.08	1,127.74	1,823.72	971.46	2,795.18
*	DEAN HEALTH INSURANCE	739.66	57.48	797.14	1,823.72	144.96	1,968.68
	GUNDERSEN HEALTH PLAN	704.44	-	704.44	1,736.88	-	1,736.88
	HEALTH TRADITION HEALTH PLAN	715.54	-	715.54	1,764.68	-	1,764.68
	PHYSICIANS PLUS	739.66	29.18	768.84	1,823.72	74.16	1,897.88
3	SECURITY HEALTH PLAN - CENTRAL	739.66	389.88	1,129.54	1,823.72	975.96	2,799.68
	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
	WEA TRUST - EAST	739.66	148.68	888.34	1,823.72	372.96	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	739.66	571.54	1,311.20	1,823.72	1,446.90	3,270.62
KENOSHA							
3	ARISE HEALTH PLAN	1,014.24	113.50	1,127.74	2,510.21	284.97	2,795.18
3	HUMANA - EASTERN	1,014.24	133.10	1,147.34	2,510.21	333.97	2,844.18
	UNITEDHEALTHCARE OF WISCONSIN	965.94	-	965.94	2,390.68	-	2,390.68
3	IYC ACCESS HEALTH PLAN - WAUKESHA	1,014.24	296.96	1,311.20	2,510.21	760.41	3,270.62
KEWAUNEE							
	ANTHEM BLUE PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
*	DEAN HEALTH INSURANCE - PREVEA360	771.94	-	771.94	1,905.68	-	1,905.68
3 *	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
*	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
3 *	SECURITY HEALTH PLAN - VALLEY	800.56	328.98	1,129.54	1,975.97	823.71	2,799.68
	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
	WEA TRUST - EAST	800.56	87.78	888.34	1,975.97	220.71	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62
LACROSSE							
* 3	ARISE HEALTH PLAN	739.66	388.08	1,127.74	1,823.72	971.46	2,795.18
	GUNDERSEN HEALTH PLAN	704.44	-	704.44	1,736.88	-	1,736.88
	HEALTH TRADITION HEALTH PLAN	715.54	-	715.54	1,764.68	-	1,764.68
	HEALTHPARTNERS HEALTH PLAN	739.66	163.58	903.24	1,823.72	410.16	2,233.88
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	739.66	384.88	1,124.54	1,823.72	963.46	2,787.18
3	IYC ACCESS HEALTH PLAN - DANE	739.66	474.56	1,214.22	1,823.72	1,204.48	3,028.20
LAFAYETTE							
*	DEAN HEALTH INSURANCE	689.89	107.25	797.14	1,699.30	269.38	1,968.68
	MEDICAL ASSOCIATES HEALTH PLANS	657.04	-	657.04	1,618.38	-	1,618.38
	PHYSICIANS PLUS	689.89	78.95	768.84	1,699.30	198.58	1,897.88
*	UNITY HEALTH INSURANCE - COMMUNITY	689.89	17.35	707.24	1,699.30	44.58	1,743.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	689.89	621.31	1,311.20	1,699.30	1,571.32	3,270.62
LANGLADE							
3	ARISE HEALTH PLAN	1,016.02	111.72	1,127.74	2,514.62	280.56	2,795.18
	GHC OF EAU CLAIRE	967.64	-	967.64	2,394.88	-	2,394.88
*	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	1,016.02	113.52	1,129.54	2,514.62	285.06	2,799.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	1,016.02	295.18	1,311.20	2,514.62	756.00	3,270.62

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Traditional; With Dental - 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
LINCOLN							
* 3	ARISE HEALTH PLAN	948.40	179.34	1,127.74	2,345.57	449.61	2,795.18
	GHC OF EAU CLAIRE	948.40	19.24	967.64	2,345.57	49.31	2,394.88
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	948.40	181.14	1,129.54	2,345.57	454.11	2,799.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	948.40	362.80	1,311.20	2,345.57	925.05	3,270.62
MANITOWOC							
	ANTHEM BLUE PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
	DEAN HEALTH INSURANCE - PREVEA360	771.94	-	771.94	1,905.68	-	1,905.68
3	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
	WEA TRUST - EAST	800.56	87.78	888.34	1,975.97	220.71	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62
MARATHON							
3	ARISE HEALTH PLAN	932.76	194.98	1,127.74	2,306.51	488.67	2,795.18
	GHC OF EAU CLAIRE	932.76	34.88	967.64	2,306.51	88.37	2,394.88
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	932.76	196.78	1,129.54	2,306.51	493.17	2,799.68
	WEA TRUST - EAST	888.34	-	888.34	2,196.68	-	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	932.76	378.44	1,311.20	2,306.51	964.11	3,270.62
MARINETTE							
	ANTHEM BLUE PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
*	DEAN HEALTH INSURANCE - PREVEA360	771.94	-	771.94	1,905.68	-	1,905.68
3	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
*	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62
MARQUETTE							
* 3	ARISE HEALTH PLAN	807.28	320.46	1,127.74	1,992.77	802.41	2,795.18
*	DEAN HEALTH INSURANCE	797.14	-	797.14	1,968.68	-	1,968.68
	PHYSICIANS PLUS	768.84	-	768.84	1,897.88	-	1,897.88
* 3	SECURITY HEALTH PLAN - VALLEY	807.28	322.26	1,129.54	1,992.77	806.91	2,799.68
*	UNITEDHEALTHCARE OF WISCONSIN	807.28	158.66	965.94	1,992.77	397.91	2,390.68
*	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
	WEA TRUST - EAST	807.28	81.06	888.34	1,992.77	203.91	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	807.28	503.92	1,311.20	1,992.77	1,277.85	3,270.62
MENOMINEE							
* 3	ARISE HEALTH PLAN	909.95	217.79	1,127.74	2,266.22	528.96	2,795.18
*	WEA TRUST - EAST	888.34	-	888.34	2,196.68	-	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	909.95	401.25	1,311.20	2,266.22	1,004.40	3,270.62
	STATE MAINTENANCE PLAN (SMP) WPE	866.62	-	866.62	2,158.30	-	2,158.30

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LCQP

IYC Local Traditional; With Dental - 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
MILWAUKEE							
3	ARISE HEALTH PLAN	847.18	280.56	1,127.74	2,092.52	702.66	2,795.18
3	HUMANA - EASTERN	847.18	300.16	1,147.34	2,092.52	751.66	2,844.18
	NETWORK HEALTH - SOUTHEAST	806.84	-	806.84	1,992.88	-	1,992.88
	UNITEDHEALTHCARE OF WISCONSIN	847.18	118.76	965.94	2,092.52	298.16	2,390.68
	WEA TRUST - EAST	847.18	41.16	888.34	2,092.52	104.16	2,196.68
3	IYC ACCESS HEALTH PLAN - MILWAUKEE	847.18	573.08	1,420.26	2,092.52	1,450.70	3,543.22
MONROE							
* 3	ARISE HEALTH PLAN	739.66	388.08	1,127.74	1,823.72	971.46	2,795.18
	GUNDERSEN HEALTH PLAN	704.44	-	704.44	1,736.88	-	1,736.88
	HEALTH TRADITION HEALTH PLAN	715.54	-	715.54	1,764.68	-	1,764.68
	HEALTHPARTNERS HEALTH PLAN	739.66	163.58	903.24	1,823.72	410.16	2,233.88
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	739.66	384.88	1,124.54	1,823.72	963.46	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	739.66	571.54	1,311.20	1,823.72	1,446.90	3,270.62
OCONTO							
	ANTHEM BLUE PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
	DEAN HEALTH INSURANCE - PREVEA360	771.94	-	771.94	1,905.68	-	1,905.68
3	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
3	SECURITY HEALTH PLAN - VALLEY	800.56	328.98	1,129.54	1,975.97	823.71	2,799.68
*	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
	WEA TRUST - EAST	800.56	87.78	888.34	1,975.97	220.71	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62
ONEIDA							
* 3	ARISE HEALTH PLAN	948.40	179.34	1,127.74	2,345.57	449.61	2,795.18
	GHC OF EAU CLAIRE	948.40	19.24	967.64	2,345.57	49.31	2,394.88
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	948.40	181.14	1,129.54	2,345.57	454.11	2,799.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	948.40	362.80	1,311.20	2,345.57	925.05	3,270.62
OUTAGAMIE							
	ANTHEM BLUE PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
*	DEAN HEALTH INSURANCE - PREVEA360	771.94	-	771.94	1,905.68	-	1,905.68
3	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
3	SECURITY HEALTH PLAN - VALLEY	800.56	328.98	1,129.54	1,975.97	823.71	2,799.68
	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
	WEA TRUST - EAST	800.56	87.78	888.34	1,975.97	220.71	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62

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LCQP

IYC Local Traditional; With Dental - 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
OZAUKEE							
3	ARISE HEALTH PLAN	847.18	280.56	1,127.74	2,092.52	702.66	2,795.18
3	HUMANA - EASTERN	847.18	300.16	1,147.34	2,092.52	751.66	2,844.18
	NETWORK HEALTH - SOUTHEAST	806.84	-	806.84	1,992.88	-	1,992.88
	UNITEDHEALTHCARE OF WISCONSIN	847.18	118.76	965.94	2,092.52	298.16	2,390.68
	WEA TRUST - EAST	847.18	41.16	888.34	2,092.52	104.16	2,196.68
3	IYC ACCESS HEALTH PLAN - WAUKESHA	847.18	464.02	1,311.20	2,092.52	1,178.10	3,270.62
PEPIN							
*	HEALTH TRADITION HEALTH PLAN	715.54	-	715.54	1,764.68	-	1,764.68
*	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
* 3	HUMANA - WESTERN	909.95	409.59	1,319.54	2,266.22	1,008.46	3,274.68
* 3	SECURITY HEALTH PLAN - CENTRAL	909.95	219.59	1,129.54	2,266.22	533.46	2,799.68
* 3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	909.95	214.59	1,124.54	2,266.22	520.96	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	909.95	401.25	1,311.20	2,266.22	1,004.40	3,270.62
	STATE MAINTENANCE PLAN (SMP) WPE	866.62	247.19	866.62	2,158.30	617.08	2,158.30
PIERCE							
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3 *	HUMANA - WESTERN	948.40	371.14	1,319.54	2,345.57	929.11	3,274.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	948.40	176.14	1,124.54	2,345.57	441.61	2,787.18
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	948.40	176.14	1,124.54	2,345.57	441.61	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	948.40	362.80	1,311.20	2,345.57	925.05	3,270.62
POLK							
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	HUMANA - WESTERN	948.40	371.14	1,319.54	2,345.57	929.11	3,274.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	948.40	176.14	1,124.54	2,345.57	441.61	2,787.18
3	IYC ACCESS HEALTH PLAN - DANE	948.40	265.82	1,214.22	2,345.57	682.63	3,028.20
PORTAGE							
* 3	ARISE HEALTH PLAN	932.76	194.98	1,127.74	2,306.51	488.67	2,795.18
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
*	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
3	SECURITY HEALTH PLAN - CENTRAL	932.76	196.78	1,129.54	2,306.51	493.17	2,799.68
	WEA TRUST - EAST	888.34	-	888.34	2,196.68	-	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	932.76	378.44	1,311.20	2,306.51	964.11	3,270.62
PRICE							
* 3	ARISE HEALTH PLAN	1,016.02	111.72	1,127.74	2,514.62	280.56	2,795.18
	GHC OF EAU CLAIRE	967.64	-	967.64	2,394.88	-	2,394.88
*	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	1,016.02	113.52	1,129.54	2,514.62	285.06	2,799.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	1,016.02	295.18	1,311.20	2,514.62	756.00	3,270.62
RACINE							
3 *	ARISE HEALTH PLAN	847.18	280.56	1,127.74	2,092.52	702.66	2,795.18
3	HUMANA - EASTERN	847.18	300.16	1,147.34	2,092.52	751.66	2,844.18
	NETWORK HEALTH - SOUTHEAST	806.84	-	806.84	1,992.88	-	1,992.88
	UNITEDHEALTHCARE OF WISCONSIN	847.18	118.76	965.94	2,092.52	298.16	2,390.68
3	IYC ACCESS HEALTH PLAN - WAUKESHA	847.18	464.02	1,311.20	2,092.52	1,178.10	3,270.62

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LCQP

IYC Local Traditional; With Dental - P02

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		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	739.66	57.48	797.14	1,823.72	144.96	1,968.68
	GUNDERSEN HEALTH PLAN	704.44	-	704.44	1,736.88	-	1,736.88
	HEALTH TRADITION HEALTH PLAN	715.54	-	715.54	1,764.68	-	1,764.68
	PHYSICIANS PLUS	739.66	29.18	768.84	1,823.72	74.16	1,897.88
	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	739.66	571.54	1,311.20	1,823.72	1,446.90	3,270.62
ROCK							
	DEAN HEALTH INSURANCE	742.60	54.54	797.14	1,831.07	137.61	1,968.68
3	HUMANA - EASTERN	742.60	404.74	1,147.34	1,831.07	1,013.11	2,844.18
	MERCYCARE HEALTH PLANS	742.60	0.44	743.04	1,831.07	2.31	1,833.38
*	PHYSICIANS PLUS	742.60	26.24	768.84	1,831.07	66.81	1,897.88
	UNITEDHEALTHCARE OF WISCONSIN	742.60	223.34	965.94	1,831.07	559.61	2,390.68
	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
	WEA TRUST - EAST	742.60	145.74	888.34	1,831.07	365.61	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	742.60	568.60	1,311.20	1,831.07	1,439.55	3,270.62
RUSK							
*	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	909.95	219.59	1,129.54	2,266.22	533.46	2,799.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	909.95	214.59	1,124.54	2,266.22	520.96	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	909.95	401.25	1,311.20	2,266.22	1,004.40	3,270.62
	STATE MAINTENANCE PLAN (SMP) WPE	866.62	-	866.62	2,158.30	-	2,158.30
SAUK							
	DEAN HEALTH INSURANCE	739.66	57.48	797.14	1,823.72	144.96	1,968.68
	GHC OF SOUTH CENTRAL WISCONSIN	704.54	-	704.54	1,737.18	-	1,737.18
	GUNDERSEN HEALTH PLAN	704.44	-	704.44	1,736.88	-	1,736.88
	HEALTH TRADITION HEALTH PLAN	715.54	-	715.54	1,764.68	-	1,764.68
	PHYSICIANS PLUS	739.66	29.18	768.84	1,823.72	74.16	1,897.88
	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	739.66	571.54	1,311.20	1,823.72	1,446.90	3,270.62
SAWYER							
	GHC OF EAU CLAIRE	948.40	19.24	967.64	2,345.57	49.31	2,394.88
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	948.40	181.14	1,129.54	2,345.57	454.11	2,799.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	948.40	362.80	1,311.20	2,345.57	925.05	3,270.62
SHAWANO							
	ANTHEM BLUE PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
3	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
*	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
* 3	SECURITY HEALTH PLAN - CENTRAL	800.56	328.98	1,129.54	1,975.97	823.71	2,799.68
3	SECURITY HEALTH PLAN - VALLEY	800.56	328.98	1,129.54	1,975.97	823.71	2,799.68
	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
	WEA TRUST - EAST	800.56	87.78	888.34	1,975.97	220.71	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

LCQP

IYC Local Traditional; With Dental - 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
SHEBOYGAN							
	ANTHEM BLUE PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
	DEAN HEALTH INSURANCE - PREVEA360	771.94	-	771.94	1,905.68	-	1,905.68
3	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
	WEA TRUST - EAST	800.56	87.78	888.34	1,975.97	220.71	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62
ST. CROIX							
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	HUMANA - WESTERN	948.40	371.14	1,319.54	2,345.57	929.11	3,274.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	948.40	176.14	1,124.54	2,345.57	441.61	2,787.18
* 3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	948.40	176.14	1,124.54	2,345.57	441.61	2,787.18
3	IYC ACCESS HEALTH PLAN - DANE	948.40	265.82	1,214.22	2,345.57	682.63	3,028.20
TAYLOR							
3	ARISE HEALTH PLAN	1,016.02	111.72	1,127.74	2,514.62	280.56	2,795.18
	GHC OF EAU CLAIRE	967.64	-	967.64	2,394.88	-	2,394.88
*	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	1,016.02	113.52	1,129.54	2,514.62	285.06	2,799.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	1,016.02	295.18	1,311.20	2,514.62	756.00	3,270.62
TREMPEALEAU							
3	ARISE HEALTH PLAN	739.66	388.08	1,127.74	1,823.72	971.46	2,795.18
	GUNDERSEN HEALTH PLAN	704.44	-	704.44	1,736.88	-	1,736.88
	HEALTH TRADITION HEALTH PLAN	715.54	-	715.54	1,764.68	-	1,764.68
*	HEALTHPARTNERS HEALTH PLAN	739.66	163.58	903.24	1,823.72	410.16	2,233.88
3 *	SECURITY HEALTH PLAN - CENTRAL	739.66	389.88	1,129.54	1,823.72	975.96	2,799.68
3 *	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	739.66	384.88	1,124.54	1,823.72	963.46	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	739.66	571.54	1,311.20	1,823.72	1,446.90	3,270.62
VERNON							
* 3	ARISE HEALTH PLAN	739.66	388.08	1,127.74	1,823.72	971.46	2,795.18
*	DEAN HEALTH INSURANCE	739.66	57.48	797.14	1,823.72	144.96	1,968.68
	GUNDERSEN HEALTH PLAN	704.44	-	704.44	1,736.88	-	1,736.88
	HEALTH TRADITION HEALTH PLAN	715.54	-	715.54	1,764.68	-	1,764.68
*	PHYSICIANS PLUS	739.66	29.18	768.84	1,823.72	74.16	1,897.88
	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
3	WEA TRUST - NORTHWEST MAYO CLINIC HEALTH SYSTEM	739.66	384.88	1,124.54	1,823.72	963.46	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	739.66	571.54	1,311.20	1,823.72	1,446.90	3,270.62
VILAS							
* 3	ARISE HEALTH PLAN	909.95	217.79	1,127.74	2,266.22	528.96	2,795.18
*	GHC OF EAU CLAIRE	909.95	57.69	967.64	2,266.22	128.66	2,394.88
*	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	909.95	219.59	1,129.54	2,266.22	533.46	2,799.68
3 *	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	909.95	401.25	1,311.20	2,266.22	1,004.40	3,270.62
	STATE MAINTENANCE PLAN (SMP) WPE	866.62	-	866.62	2,158.30	-	2,158.30

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Traditional; With Dental - 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
WALWORTH							
3	ARISE HEALTH PLAN	742.60	385.14	1,127.74	1,831.07	964.11	2,795.18
*	DEAN HEALTH INSURANCE	742.60	54.54	797.14	1,831.07	137.61	1,968.68
3	HUMANA - EASTERN	742.60	404.74	1,147.34	1,831.07	1,013.11	2,844.18
	MERCYCARE HEALTH PLANS	742.60	0.44	743.04	1,831.07	2.31	1,833.38
*	PHYSICIANS PLUS	742.60	26.24	768.84	1,831.07	66.81	1,897.88
	UNITEDHEALTHCARE OF WISCONSIN	742.60	223.34	965.94	1,831.07	559.61	2,390.68
	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
	WEA TRUST - EAST	742.60	145.74	888.34	1,831.07	365.61	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	742.60	568.60	1,311.20	1,831.07	1,439.55	3,270.62
WASHBURN							
	GHC OF EAU CLAIRE	948.40	19.24	967.64	2,345.57	49.31	2,394.88
	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
3	SECURITY HEALTH PLAN - CENTRAL	948.40	181.14	1,129.54	2,345.57	454.11	2,799.68
3	WEA TRUST - NORTHWEST CHIPPEWA VALLEY	948.40	176.14	1,124.54	2,345.57	441.61	2,787.18
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	948.40	362.80	1,311.20	2,345.57	925.05	3,270.62
WASHINGTON							
3	ARISE HEALTH PLAN	847.18	280.56	1,127.74	2,092.52	702.66	2,795.18
3	HUMANA - EASTERN	847.18	300.16	1,147.34	2,092.52	751.66	2,844.18
	NETWORK HEALTH - SOUTHEAST	806.84	-	806.84	1,992.88	-	1,992.88
	UNITEDHEALTHCARE OF WISCONSIN	847.18	118.76	965.94	2,092.52	298.16	2,390.68
	WEA TRUST - EAST	847.18	41.16	888.34	2,092.52	104.16	2,196.68
3	IYC ACCESS HEALTH PLAN - WAUKESHA	847.18	464.02	1,311.20	2,092.52	1,178.10	3,270.62
WAUKESHA							
3	ARISE HEALTH PLAN	742.60	385.14	1,127.74	1,831.07	964.11	2,795.18
	DEAN HEALTH INSURANCE	742.60	54.54	797.14	1,831.07	137.61	1,968.68
3	HUMANA - EASTERN	742.60	404.74	1,147.34	1,831.07	1,013.11	2,844.18
	NETWORK HEALTH - SOUTHEAST	742.60	64.24	806.84	1,831.07	161.81	1,992.88
*	PHYSICIANS PLUS	742.60	26.24	768.84	1,831.07	66.81	1,897.88
	UNITEDHEALTHCARE OF WISCONSIN	742.60	223.34	965.94	1,831.07	559.61	2,390.68
	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
	WEA TRUST - EAST	742.60	145.74	888.34	1,831.07	365.61	2,196.68
3	IYC ACCESS HEALTH PLAN - WAUKESHA	742.60	568.60	1,311.20	1,831.07	1,439.55	3,270.62
WAUPACA							
	ANTHEM BLUE PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
3	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
*	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
3 *	SECURITY HEALTH PLAN - CENTRAL	800.56	328.98	1,129.54	1,975.97	823.71	2,799.68
3	SECURITY HEALTH PLAN - VALLEY	800.56	328.98	1,129.54	1,975.97	823.71	2,799.68
	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
	WEA TRUST - EAST	800.56	87.78	888.34	1,975.97	220.71	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62

2017 Premiums - Wisconsin Public Employers Group Health Insurance Program

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LCQP

IYC Local Traditional; With Dental - 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
WAUSHARA							
	ANTHEM BLUE PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
3	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
*	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
	PHYSICIANS PLUS	768.84	-	768.84	1,897.88	-	1,897.88
3	SECURITY HEALTH PLAN - VALLEY	800.56	328.98	1,129.54	1,975.97	823.71	2,799.68
	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
	WEA TRUST - EAST	800.56	87.78	888.34	1,975.97	220.71	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62
WINNEBAGO							
	ANTHEM BLUE PREFERRED NORTHEAST	762.44	-	762.44	1,881.88	-	1,881.88
3	ARISE HEALTH PLAN	800.56	327.18	1,127.74	1,975.97	819.21	2,795.18
3	HUMANA - EASTERN	800.56	346.78	1,147.34	1,975.97	868.21	2,844.18
	NETWORK HEALTH - NORTHEAST	794.94	-	794.94	1,963.18	-	1,963.18
* 3	SECURITY HEALTH PLAN - VALLEY	800.56	328.98	1,129.54	1,975.97	823.71	2,799.68
	UNITEDHEALTHCARE OF WISCONSIN	800.56	165.38	965.94	1,975.97	414.71	2,390.68
	WEA TRUST - EAST	800.56	87.78	888.34	1,975.97	220.71	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	800.56	510.64	1,311.20	1,975.97	1,294.65	3,270.62
WOOD							
3	ARISE HEALTH PLAN	932.76	194.98	1,127.74	2,306.51	488.67	2,795.18
*	HEALTHPARTNERS HEALTH PLAN	903.24	-	903.24	2,233.88	-	2,233.88
*	PHYSICIANS PLUS	768.84	-	768.84	1,897.88	-	1,897.88
3	SECURITY HEALTH PLAN - CENTRAL	932.76	196.78	1,129.54	2,306.51	493.17	2,799.68
*	UNITY HEALTH INSURANCE - COMMUNITY	707.24	-	707.24	1,743.88	-	1,743.88
	WEA TRUST - EAST	888.34	-	888.34	2,196.68	-	2,196.68
3	IYC ACCESS HEALTH PLAN - BALANCE OF STATE	932.76	378.44	1,311.20	2,306.51	964.11	3,270.62