

2015 Monthly Premiums For State Annuitants and Continuants



Health Plan Name	Annuitants and Continuants						
	Non-Medicare				Medicare Rates - Traditional		
	Coinsurance Uniform Benefits		HDHP ¹		Uniform Benefits ¹		
	Single	Family	Single	Family	Medicare Single	Medicare 1 ²	Medicare 2 ³
Anthem Blue Preferred Northeast	731.90	1,822.30	641.10	1,595.30	482.10	1,209.00	959.20
Anthem Blue Preferred Southeast	814.50	2,028.80	713.30	1,775.80	523.20	1,332.70	1,041.40
Arise Health Plan Northern	774.10	1,927.80	678.00	1,687.50	503.20	1,272.30	1,001.40
Arise Health Plan Southeast	798.30	1,988.30	699.20	1,740.50	515.30	1,308.60	1,025.60
Dean Health Insurance	676.00	1,682.60	592.10	1,472.80	422.80	1,093.80	840.60
Dean Health Insurance-Prevea360	810.40	2,018.60	709.70	1,766.80	512.80	1,318.20	1,020.60
GHC of Eau Claire	851.80	2,122.10	746.00	1,857.50	491.20	1,338.00	977.40
GHC of South Central Wisconsin	648.60	1,614.10	568.20	1,413.00	440.40	1,084.00	875.80
Gundersen Health Plan	793.40	1,976.10	694.90	1,729.80	366.30	1,154.70	727.60
Health Tradition Health Plan	813.80	2,027.10	712.70	1,774.30	408.10	1,216.90	811.20
HealthPartners Health Plan	725.20	1,805.60	635.20	1,580.50	478.80	1,199.00	952.60
Humana-Eastern	834.40	2,078.60	730.70	1,819.30	410.20	1,239.60	815.40
Humana-Western	834.40	2,078.60	730.70	1,819.30	410.20	1,239.60	815.40
Medical Associates Health Plans	675.20	1,680.60	591.40	1,471.00	357.80	1,028.00	710.60
Medicare Plus ⁴	NA ⁴	NA ⁴	NA ¹	NA ¹	365.00	NA ⁴	725.70
MercyCare Health Plans	602.10	1,497.80	527.50	1,311.30	369.10	966.20	733.20
Network Health	799.30	1,990.80	700.00	1,742.50	441.80	1,236.10	878.60
Physicians Plus	683.00	1,700.10	598.30	1,488.30	442.10	1,120.10	879.20
Security Health Plan	814.50	2,028.80	713.30	1,775.80	523.40	1,332.90	1,041.80
Standard Plan	1,392.80	3,477.80	1,222.40	3,049.70	NA ⁴	1,766.10	NA ⁴
State Maintenance Plan (SMP)	862.00	2,150.20	757.40	1,887.30	NA ⁴	1,230.40	NA ⁴
UnitedHealthcare of Wisconsin	795.00	1,980.10	696.30	1,733.30	513.70	1,303.70	1,022.40
Unity Health Insurance-Community	774.80	1,929.60	678.60	1,689.00	469.60	1,239.40	934.20
Unity Health Insurance-UW Health	694.20	1,728.10	608.10	1,512.80	433.30	1,122.50	861.60
WEA Trust-East	794.90	1,979.80	696.20	1,733.00	513.60	1,303.50	1,022.20
WEA Trust-Northwest Chippewa Valley	831.20	2,070.60	727.90	1,812.30	531.70	1,357.90	1,058.40
WEA Trust-Northwest Mayo Clinic Hlth. Sys.	831.20	2,070.60	727.90	1,812.30	531.70	1,357.90	1,058.40
WEA Trust-South Central	665.60	1,656.60	583.00	1,450.00	448.90	1,109.50	892.80

¹Medicare rates do not apply to the HDHP.

²Medicare 1 = Family coverage with at least one insured family member enrolled in Medicare Parts A, B and D.

³Medicare 2 = Family coverage with all insured family members enrolled in Medicare Parts A, B and D.

⁴Members with Standard Plan or SMP coverage who become enrolled in Medicare Parts A and B will automatically be moved to the Medicare Plus plan. All other non-Medicare family members will remain covered under the Standard Plan or SMP.