2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
* = Not In Calculation - Plan Not Qualified in County or 1st Year in Service Area

Full Pay 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	643.44	46.56	690.00	1,601.78	116.72	1,718.50
	UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
3	SECURITY HEALTH PLAN	643.44	481.66	1,125.10	1,601.78	1,204.42	2,806.20
	PHYSICIANS PLUS	643.44	20.86	664.30	1,601.78	52.42	1,654.20
	WEA TRUST PPO - EAST	643.44	153.46	796.90	1,601.78	383.92	1,985.70
3	STANDARD PLAN - BALANCE OF STATE	643.44	521.26	1,164.70	1,601.78	1,303.32	2,905.10
ASHLAND							
	GHC EAU CLAIRE	979.86	149.94	1,129.80	2,442.83	375.17	2,818.00
3	SECURITY HEALTH PLAN	979.86	145.24	1,125.10	2,442.83	363.37	2,806.20
	WEA TRUST PPO - NORTHWEST	933.20	-	933.20	2,326.50	-	2,326.50
*	HEALTHPARTNERS	882.80	-	882.80	2,200.50	-	2,200.50
3	STANDARD PLAN - BALANCE OF STATE	979.86	184.84	1,164.70	2,442.83	462.27	2,905.10
BARRON							
	HUMANA WESTERN	979.86	168.44	1,148.30	2,442.83	421.37	2,864.20
3	SECURITY HEALTH PLAN	979.86	145.24	1,125.10	2,442.83	363.37	2,806.20
	WEA TRUST PPO - NORTHWEST	933.20	-	933.20	2,326.50	-	2,326.50
	WPS METRO CHOICE NW	979.86	142.24	1,122.10	2,442.83	355.87	2,798.70
*	GUNDERSEN HEALTH PLAN	755.10	-	755.10	1,881.20	-	1,881.20
3	STANDARD PLAN - BALANCE OF STATE	979.86	184.84	1,164.70	2,442.83	462.27	2,905.10
BAYFIELD							
*	GHC EAU CLAIRE	813.12	316.68	1,129.80	2,027.66	790.34	2,818.00
*	SECURITY HEALTH PLAN	813.12	311.98	1,125.10	2,027.66	778.54	2,806.20
*	HEALTHPARTNERS	813.12	69.68	882.80	2,027.66	172.84	2,200.50
*	WEA TRUST PPO - NORTHWEST	813.12	120.08	933.20	2,027.66	298.84	2,326.50
3	STANDARD PLAN - BALANCE OF STATE	813.12	351.58	1,164.70	2,027.66	877.44	2,905.10
	STATE MAINTENANCE PLAN	774.40	-	774.40	1,931.10	-	1,931.10
BROWN							
	ANTHEM BLUE NORTHEAST	752.60	-	752.60	1,875.00	-	1,875.00
*	DEAN HEALTH INSURANCE PREVEA360	790.23	54.37	844.60	1,968.75	136.25	2,105.00
3	HUMANA EASTERN	790.23	358.07	1,148.30	1,968.75	895.45	2,864.20
	ARISE HEALTH PLAN	790.23	190.57	980.80	1,968.75	476.75	2,445.50
	NETWORK HEALTH	790.23	18.97	809.20	1,968.75	47.75	2,016.50
	WEA TRUST PPO - EAST	790.23	6.67	796.90	1,968.75	16.95	1,985.70
	UNITEDHEALTHCARE	790.23	62.47	852.70	1,968.75	156.45	2,125.20
3	STANDARD PLAN - BALANCE OF STATE	790.23	374.47	1,164.70	1,968.75	936.35	2,905.10
BUFFALO							
*	HEALTH TRADITION	695.30	-	695.30	1,731.70	-	1,731.70
*	WEA TRUST PPO - NORTHWEST	813.12	120.08	933.20	2,027.66	298.84	2,326.50
3	STANDARD PLAN - BALANCE OF STATE	813.12	351.58	1,164.70	2,027.66	877.44	2,905.10
	STATE MAINTENANCE PLAN	774.40	-	774.40	1,931.10	-	1,931.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
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Full Pay 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
BURNETT							
	GHC EAU CLAIRE	926.94	202.86	1,129.80	2,310.53	507.47	2,818.00
	HEALTHPARTNERS	882.80	-	882.80	2,200.50	-	2,200.50
	WEA TRUST PPO - NORTHWEST	926.94	6.26	933.20	2,310.53	15.97	2,326.50
	WPS METRO CHOICE NW	926.94	195.16	1,122.10	2,310.53	488.17	2,798.70
3	STANDARD PLAN - BALANCE OF STATE	926.94	237.76	1,164.70	2,310.53	594.57	2,905.10
CALUMET							
	ANTHEM BLUE NORTHEAST	752.60	-	752.60	1,875.00	-	1,875.00
3	HUMANA EASTERN	790.23	358.07	1,148.30	1,968.75	895.45	2,864.20
	NETWORK HEALTH	790.23	18.97	809.20	1,968.75	47.75	2,016.50
	UNITEDHEALTHCARE	790.23	62.47	852.70	1,968.75	156.45	2,125.20
*	ARISE HEALTH PLAN	790.23	190.57	980.80	1,968.75	476.75	2,445.50
*	WEA TRUST PPO - EAST	790.23	6.67	796.90	1,968.75	16.95	1,985.70
3	STANDARD PLAN - BALANCE OF STATE	790.23	374.47	1,164.70	1,968.75	936.35	2,905.10
CHIPPEWA							
	HUMANA WESTERN	792.86	355.44	1,148.30	1,975.26	888.94	2,864.20
	GUNDERSEN HEALTH PLAN	755.10	-	755.10	1,881.20	-	1,881.20
3	SECURITY HEALTH PLAN	792.86	332.24	1,125.10	1,975.26	830.94	2,806.20
	WEA TRUST PPO - NORTHWEST	792.86	140.34	933.20	1,975.26	351.24	2,326.50
	WPS METRO CHOICE NW	792.86	329.24	1,122.10	1,975.26	823.44	2,798.70
3	STANDARD PLAN - BALANCE OF STATE	792.86	371.84	1,164.70	1,975.26	929.84	2,905.10
CLARK							
	GUNDERSEN HEALTH PLAN	755.10	-	755.10	1,881.20	-	1,881.20
3	SECURITY HEALTH PLAN	792.86	332.24	1,125.10	1,975.26	830.94	2,806.20
	WEA TRUST PPO - NORTHWEST	792.86	140.34	933.20	1,975.26	351.24	2,326.50
*	ARISE HEALTH PLAN	792.86	187.94	980.80	1,975.26	470.24	2,445.50
3	STANDARD PLAN - BALANCE OF STATE	792.86	371.84	1,164.70	1,975.26	929.84	2,905.10
COLUMBIA							
	DEAN HEALTH INSURANCE	643.44	46.56	690.00	1,601.78	116.72	1,718.50
	UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
	PHYSICIANS PLUS	643.44	20.86	664.30	1,601.78	52.42	1,654.20
	WEA TRUST PPO - EAST	643.44	153.46	796.90	1,601.78	383.92	1,985.70
3	STANDARD PLAN - BALANCE OF STATE	643.44	521.26	1,164.70	1,601.78	1,303.32	2,905.10
CRAWFORD							
	GUNDERSEN HEALTH PLAN	730.07	25.03	755.10	1,818.29	62.91	1,881.20
	HEALTH TRADITION	695.30	-	695.30	1,731.70	-	1,731.70
*	UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
*	MEDICAL ASSOCIATES HEALTH PLAN	701.80	-	701.80	1,748.00	-	1,748.00
3	STANDARD PLAN - BALANCE OF STATE	730.07	434.63	1,164.70	1,818.29	1,086.81	2,905.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Full Pay 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
DANE							
	DEAN HEALTH INSURANCE	590.42	99.58	690.00	1,469.16	249.34	1,718.50
	GHC SOUTH CENTRAL WI	590.42	3.08	593.50	1,469.16	8.04	1,477.20
	PHYSICIANS PLUS	590.42	73.88	664.30	1,469.16	185.04	1,654.20
*	WEA TRUST PPO - SOUTH CENTRAL	590.42	186.78	777.20	1,469.16	467.34	1,936.50
	UNITY UW	562.30	-	562.30	1,399.20	-	1,399.20
3	STANDARD PLAN - DANE	590.42	488.98	1,079.40	1,469.16	1,222.74	2,691.90
DODGE							
	ANTHEM BLUE SOUTHEAST	643.44	163.96	807.40	1,601.78	410.22	2,012.00
	DEAN HEALTH INSURANCE	643.44	46.56	690.00	1,601.78	116.72	1,718.50
3	HUMANA EASTERN	643.44	504.86	1,148.30	1,601.78	1,262.42	2,864.20
	UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
	NETWORK HEALTH	643.44	165.76	809.20	1,601.78	414.72	2,016.50
	WEA TRUST PPO - EAST	643.44	153.46	796.90	1,601.78	383.92	1,985.70
	UNITEDHEALTHCARE	643.44	209.26	852.70	1,601.78	523.42	2,125.20
*	ARISE HEALTH PLAN	643.44	337.36	980.80	1,601.78	843.72	2,445.50
3	WPS METRO CHOICE SE	643.44	718.66	1,362.10	1,601.78	1,796.92	3,398.70
3	STANDARD PLAN - BALANCE OF STATE	643.44	521.26	1,164.70	1,601.78	1,303.32	2,905.10
DOOR							
	ANTHEM BLUE NORTHEAST	752.60	-	752.60	1,875.00	-	1,875.00
3	HUMANA EASTERN	790.23	358.07	1,148.30	1,968.75	895.45	2,864.20
	NETWORK HEALTH	790.23	18.97	809.20	1,968.75	47.75	2,016.50
	WEA TRUST PPO - EAST	790.23	6.67	796.90	1,968.75	16.95	1,985.70
	UNITEDHEALTHCARE	790.23	62.47	852.70	1,968.75	156.45	2,125.20
*	DEAN HEALTH INSURANCE PREVEA360	790.23	54.37	844.60	1,968.75	136.25	2,105.00
*	ARISE HEALTH PLAN	790.23	190.57	980.80	1,968.75	476.75	2,445.50
3	STANDARD PLAN - BALANCE OF STATE	790.23	374.47	1,164.70	1,968.75	936.35	2,905.10
DOUGLAS							
	HUMANA WESTERN	926.94	221.36	1,148.30	2,310.53	553.67	2,864.20
	GHC EAU CLAIRE	926.94	202.86	1,129.80	2,310.53	507.47	2,818.00
3	SECURITY HEALTH PLAN	926.94	198.16	1,125.10	2,310.53	495.67	2,806.20
	HEALTHPARTNERS	882.80	-	882.80	2,200.50	-	2,200.50
	WEA TRUST PPO - NORTHWEST	926.94	6.26	933.20	2,310.53	15.97	2,326.50
3	STANDARD PLAN - BALANCE OF STATE	926.94	237.76	1,164.70	2,310.53	594.57	2,905.10
DUNN							
	HUMANA WESTERN	979.86	168.44	1,148.30	2,442.83	421.37	2,864.20
	WEA TRUST PPO - NORTHWEST	933.20	-	933.20	2,326.50	-	2,326.50
	WPS METRO CHOICE NW	979.86	142.24	1,122.10	2,442.83	355.87	2,798.70
3	STANDARD PLAN - BALANCE OF STATE	979.86	184.84	1,164.70	2,442.83	462.27	2,905.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Full Pay 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
EAU CLAIRE							
	HUMANA WESTERN	792.86	355.44	1,148.30	1,975.26	888.94	2,864.20
	GUNDERSEN HEALTH PLAN	755.10	-	755.10	1,881.20	-	1,881.20
3	SECURITY HEALTH PLAN	792.86	332.24	1,125.10	1,975.26	830.94	2,806.20
	WEA TRUST PPO - NORTHWEST	792.86	140.34	933.20	1,975.26	351.24	2,326.50
	WPS METRO CHOICE NW	792.86	329.24	1,122.10	1,975.26	823.44	2,798.70
3	STANDARD PLAN - BALANCE OF STATE	792.86	371.84	1,164.70	1,975.26	929.84	2,905.10
FLORENCE							
*	ARISE HEALTH PLAN	813.12	167.68	980.80	2,027.66	417.84	2,445.50
*	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
3	STANDARD PLAN - BALANCE OF STATE	813.12	351.58	1,164.70	2,027.66	877.44	2,905.10
	STATE MAINTENANCE PLAN	774.40	-	774.40	1,931.10	-	1,931.10
FOND DU LAC							
	ANTHEM BLUE NORTHEAST	643.44	109.16	752.60	1,601.78	273.22	1,875.00
	DEAN HEALTH INSURANCE	643.44	46.56	690.00	1,601.78	116.72	1,718.50
3	HUMANA EASTERN	643.44	504.86	1,148.30	1,601.78	1,262.42	2,864.20
	UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
	ARISE HEALTH PLAN	643.44	337.36	980.80	1,601.78	843.72	2,445.50
	NETWORK HEALTH	643.44	165.76	809.20	1,601.78	414.72	2,016.50
	WEA TRUST PPO - EAST	643.44	153.46	796.90	1,601.78	383.92	1,985.70
	UNITEDHEALTHCARE	643.44	209.26	852.70	1,601.78	523.42	2,125.20
3	STANDARD PLAN - BALANCE OF STATE	643.44	521.26	1,164.70	1,601.78	1,303.32	2,905.10
FOREST							
*	ARISE HEALTH PLAN	813.12	167.68	980.80	2,027.66	417.84	2,445.50
*	SECURITY HEALTH PLAN	813.12	311.98	1,125.10	2,027.66	778.54	2,806.20
*	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
3	STANDARD PLAN - BALANCE OF STATE	813.12	351.58	1,164.70	2,027.66	877.44	2,905.10
	STATE MAINTENANCE PLAN	774.40	-	774.40	1,931.10	-	1,931.10
GRANT							
	DEAN HEALTH INSURANCE	643.44	46.56	690.00	1,601.78	116.72	1,718.50
	GUNDERSEN HEALTH PLAN	643.44	111.66	755.10	1,601.78	279.42	1,881.20
	UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
	HEALTH TRADITION	643.44	51.86	695.30	1,601.78	129.92	1,731.70
	MEDICAL ASSOCIATES HEALTH PLAN	643.44	58.36	701.80	1,601.78	146.22	1,748.00
	PHYSICIANS PLUS	643.44	20.86	664.30	1,601.78	52.42	1,654.20
3	STANDARD PLAN - DANE	643.44	435.96	1,079.40	1,601.78	1,090.12	2,691.90
GREEN							
	DEAN HEALTH INSURANCE	643.44	46.56	690.00	1,601.78	116.72	1,718.50
3	HUMANA EASTERN	643.44	504.86	1,148.30	1,601.78	1,262.42	2,864.20
	UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
*	MERCYCARE HEALTH PLAN	570.10	-	570.10	1,418.70	-	1,418.70
3	STANDARD PLAN - BALANCE OF STATE	643.44	521.26	1,164.70	1,601.78	1,303.32	2,905.10

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Full Pay 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
GREEN LAKE							
	ANTHEM BLUE NORTHEAST	752.60	-	752.60	1,875.00	-	1,875.00
3	HUMANA EASTERN	790.23	358.07	1,148.30	1,968.75	895.45	2,864.20
	NETWORK HEALTH	790.23	18.97	809.20	1,968.75	47.75	2,016.50
	WEA TRUST PPO - EAST	790.23	6.67	796.90	1,968.75	16.95	1,985.70
	UNITEDHEALTHCARE	790.23	62.47	852.70	1,968.75	156.45	2,125.20
*	DEAN HEALTH INSURANCE	690.00	-	690.00	1,718.50	-	1,718.50
*	ARISE HEALTH PLAN	790.23	190.57	980.80	1,968.75	476.75	2,445.50
*	PHYSICIANS PLUS	664.30	-	664.30	1,654.20	-	1,654.20
3	STANDARD PLAN - BALANCE OF STATE	790.23	374.47	1,164.70	1,968.75	936.35	2,905.10
IOWA							
	DEAN HEALTH INSURANCE	643.44	46.56	690.00	1,601.78	116.72	1,718.50
	UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
	MEDICAL ASSOCIATES HEALTH PLAN	643.44	58.36	701.80	1,601.78	146.22	1,748.00
	PHYSICIANS PLUS	643.44	20.86	664.30	1,601.78	52.42	1,654.20
3	STANDARD PLAN - BALANCE OF STATE	643.44	521.26	1,164.70	1,601.78	1,303.32	2,905.10
IRON							
*	SECURITY HEALTH PLAN	813.12	311.98	1,125.10	2,027.66	778.54	2,806.20
*	WEA TRUST PPO - NORTHWEST	813.12	120.08	933.20	2,027.66	298.84	2,326.50
3	STANDARD PLAN - BALANCE OF STATE	813.12	351.58	1,164.70	2,027.66	877.44	2,905.10
	STATE MAINTENANCE PLAN	774.40	-	774.40	1,931.10	-	1,931.10
JACKSON							
	GUNDERSEN HEALTH PLAN	730.07	25.03	755.10	1,818.29	62.91	1,881.20
	HEALTH TRADITION	695.30	-	695.30	1,731.70	-	1,731.70
3	SECURITY HEALTH PLAN	730.07	395.03	1,125.10	1,818.29	987.91	2,806.20
	WEA TRUST PPO - NORTHWEST	730.07	203.13	933.20	1,818.29	508.21	2,326.50
3	STANDARD PLAN - BALANCE OF STATE	730.07	434.63	1,164.70	1,818.29	1,086.81	2,905.10
JEFFERSON							
	ANTHEM BLUE SOUTHEAST	598.61	208.79	807.40	1,489.64	522.36	2,012.00
	DEAN HEALTH INSURANCE	598.61	91.39	690.00	1,489.64	228.86	1,718.50
3	HUMANA EASTERN	598.61	549.69	1,148.30	1,489.64	1,374.56	2,864.20
	UNITY COMMUNITY	598.61	14.19	612.80	1,489.64	35.86	1,525.50
	MERCYCARE HEALTH PLAN	570.10	-	570.10	1,418.70	-	1,418.70
	PHYSICIANS PLUS	598.61	65.69	664.30	1,489.64	164.56	1,654.20
	WEA TRUST PPO - EAST	598.61	198.29	796.90	1,489.64	496.06	1,985.70
	UNITEDHEALTHCARE	598.61	254.09	852.70	1,489.64	635.56	2,125.20
3	WPS METRO CHOICE SE	598.61	763.49	1,362.10	1,489.64	1,909.06	3,398.70
3	STANDARD PLAN - DANE	598.61	480.79	1,079.40	1,489.64	1,202.26	2,691.90

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Full Pay 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
JUNEAU							
	GUNDERSEN HEALTH PLAN	643.44	111.66	755.10	1,601.78	279.42	1,881.20
	UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
	HEALTH TRADITION	643.44	51.86	695.30	1,601.78	129.92	1,731.70
3	SECURITY HEALTH PLAN	643.44	481.66	1,125.10	1,601.78	1,204.42	2,806.20
	WEA TRUST PPO - EAST	643.44	153.46	796.90	1,601.78	383.92	1,985.70
*	DEAN HEALTH INSURANCE	643.44	46.56	690.00	1,601.78	116.72	1,718.50
3	STANDARD PLAN - BALANCE OF STATE	643.44	521.26	1,164.70	1,601.78	1,303.32	2,905.10
KENOSHA							
	ANTHEM BLUE SOUTHEAST	807.40	-	807.40	2,012.00	-	2,012.00
3	HUMANA EASTERN	836.75	311.55	1,148.30	2,084.99	779.21	2,864.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
	UNITEDHEALTHCARE	836.75	15.95	852.70	2,084.99	40.21	2,125.20
3	STANDARD PLAN - WAUKESHA	836.75	327.95	1,164.70	2,084.99	820.11	2,905.10
KEWAUNEE							
	ANTHEM BLUE NORTHEAST	752.60	-	752.60	1,875.00	-	1,875.00
	ARISE HEALTH PLAN	790.23	190.57	980.80	1,968.75	476.75	2,445.50
	NETWORK HEALTH	790.23	18.97	809.20	1,968.75	47.75	2,016.50
	WEA TRUST PPO - EAST	790.23	6.67	796.90	1,968.75	16.95	1,985.70
*	DEAN HEALTH INSURANCE PREVEA360	790.23	54.37	844.60	1,968.75	136.25	2,105.00
*	HUMANA EASTERN	790.23	358.07	1,148.30	1,968.75	895.45	2,864.20
*	UNITEDHEALTHCARE	790.23	62.47	852.70	1,968.75	156.45	2,125.20
3	STANDARD PLAN - BALANCE OF STATE	790.23	374.47	1,164.70	1,968.75	936.35	2,905.10
LACROSSE							
	GUNDERSEN HEALTH PLAN	730.07	25.03	755.10	1,818.29	62.91	1,881.20
	HEALTH TRADITION	695.30	-	695.30	1,731.70	-	1,731.70
3	STANDARD PLAN - DANE	730.07	349.33	1,079.40	1,818.29	873.61	2,691.90
LAFAYETTE							
	MEDICAL ASSOCIATES HEALTH PLAN	701.80	-	701.80	1,748.00	-	1,748.00
*	DEAN HEALTH INSURANCE	690.00	-	690.00	1,718.50	-	1,718.50
*	UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
*	PHYSICIANS PLUS	664.30	-	664.30	1,654.20	-	1,654.20
3	STANDARD PLAN - BALANCE OF STATE	736.89	427.81	1,164.70	1,835.40	1,069.70	2,905.10
LANGLADE							
	ARISE HEALTH PLAN	836.75	144.05	980.80	2,084.99	360.51	2,445.50
3	SECURITY HEALTH PLAN	836.75	288.35	1,125.10	2,084.99	721.21	2,806.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
3	STANDARD PLAN - BALANCE OF STATE	836.75	327.95	1,164.70	2,084.99	820.11	2,905.10
LINCOLN							
3	SECURITY HEALTH PLAN	836.75	288.35	1,125.10	2,084.99	721.21	2,806.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
*	ARISE HEALTH PLAN	836.75	144.05	980.80	2,084.99	360.51	2,445.50
3	STANDARD PLAN - BALANCE OF STATE	836.75	327.95	1,164.70	2,084.99	820.11	2,905.10
MANITOWOC							
	ANTHEM BLUE NORTHEAST	752.60	-	752.60	1,875.00	-	1,875.00
*	DEAN HEALTH INSURANCE PREVEA360	790.23	54.37	844.60	1,968.75	136.25	2,105.00

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
* = Not In Calculation - Plan Not Qualified in County or 1st Year in Service Area

Full Pay 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
3	HUMANA EASTERN	790.23	358.07	1,148.30	1,968.75	895.45	2,864.20
	ARISE HEALTH PLAN	790.23	190.57	980.80	1,968.75	476.75	2,445.50
	NETWORK HEALTH	790.23	18.97	809.20	1,968.75	47.75	2,016.50
	WEA TRUST PPO - EAST	790.23	6.67	796.90	1,968.75	16.95	1,985.70
	UNITEDHEALTHCARE	790.23	62.47	852.70	1,968.75	156.45	2,125.20
3	STANDARD PLAN - BALANCE OF STATE	790.23	374.47	1,164.70	1,968.75	936.35	2,905.10
MARATHON							
	ARISE HEALTH PLAN	836.75	144.05	980.80	2,084.99	360.51	2,445.50
3	SECURITY HEALTH PLAN	836.75	288.35	1,125.10	2,084.99	721.21	2,806.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
3	STANDARD PLAN - BALANCE OF STATE	836.75	327.95	1,164.70	2,084.99	820.11	2,905.10
MARINETTE							
	ANTHEM BLUE NORTHEAST	752.60	-	752.60	1,875.00	-	1,875.00
3	HUMANA EASTERN	790.23	358.07	1,148.30	1,968.75	895.45	2,864.20
	ARISE HEALTH PLAN	790.23	190.57	980.80	1,968.75	476.75	2,445.50
	WEA TRUST PPO - EAST	790.23	6.67	796.90	1,968.75	16.95	1,985.70
	UNITEDHEALTHCARE	790.23	62.47	852.70	1,968.75	156.45	2,125.20
*	DEAN HEALTH INSURANCE PREVEA360	790.23	54.37	844.60	1,968.75	136.25	2,105.00
3	STANDARD PLAN - BALANCE OF STATE	790.23	374.47	1,164.70	1,968.75	936.35	2,905.10
MARQUETTE							
	PHYSICIANS PLUS	664.30	-	664.30	1,654.20	-	1,654.20
	WEA TRUST PPO - EAST	697.52	99.38	796.90	1,736.91	248.79	1,985.70
*	UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
*	NETWORK HEALTH	697.52	111.68	809.20	1,736.91	279.59	2,016.50
*	UNITEDHEALTHCARE	697.52	155.18	852.70	1,736.91	388.29	2,125.20
3	STANDARD PLAN - BALANCE OF STATE	697.52	467.18	1,164.70	1,736.91	1,168.19	2,905.10
MENOMINEE							
*	DEAN HEALTH INSURANCE PREVEA360	813.12	31.48	844.60	2,027.66	77.34	2,105.00
*	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
3	STANDARD PLAN - BALANCE OF STATE	813.12	351.58	1,164.70	2,027.66	877.44	2,905.10
	STATE MAINTENANCE PLAN	774.40	-	774.40	1,931.10	-	1,931.10
MILWAUKEE							
	ANTHEM BLUE SOUTHEAST	807.40	-	807.40	2,012.00	-	2,012.00
3	HUMANA EASTERN	836.75	311.55	1,148.30	2,084.99	779.21	2,864.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
	UNITEDHEALTHCARE	836.75	15.95	852.70	2,084.99	40.21	2,125.20
3	WPS METRO CHOICE SE	836.75	525.35	1,362.10	2,084.99	1,313.71	3,398.70
3	STANDARD PLAN - MILWAUKEE	836.75	422.85	1,259.60	2,084.99	1,057.51	3,142.50

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
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Full Pay 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	730.07	25.03	755.10	1,818.29	62.91	1,881.20
	HEALTH TRADITION	695.30	-	695.30	1,731.70	-	1,731.70
3	STANDARD PLAN - BALANCE OF STATE	730.07	434.63	1,164.70	1,818.29	1,086.81	2,905.10
OCONTO							
	ANTHEM BLUE NORTHEAST	752.60	-	752.60	1,875.00	-	1,875.00
*	DEAN HEALTH INSURANCE PREVEA360	790.23	54.37	844.60	1,968.75	136.25	2,105.00
3	HUMANA EASTERN	790.23	358.07	1,148.30	1,968.75	895.45	2,864.20
	ARISE HEALTH PLAN	790.23	190.57	980.80	1,968.75	476.75	2,445.50
	NETWORK HEALTH	790.23	18.97	809.20	1,968.75	47.75	2,016.50
	WEA TRUST PPO - EAST	790.23	6.67	796.90	1,968.75	16.95	1,985.70
*	UNITEDHEALTHCARE	790.23	62.47	852.70	1,968.75	156.45	2,125.20
3	STANDARD PLAN - BALANCE OF STATE	790.23	374.47	1,164.70	1,968.75	936.35	2,905.10
ONEIDA							
3	SECURITY HEALTH PLAN	836.75	288.35	1,125.10	2,084.99	721.21	2,806.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
*	ARISE HEALTH PLAN	836.75	144.05	980.80	2,084.99	360.51	2,445.50
3	STANDARD PLAN - BALANCE OF STATE	836.75	327.95	1,164.70	2,084.99	820.11	2,905.10
OUTAGAMIE							
	ANTHEM BLUE NORTHEAST	752.60	-	752.60	1,875.00	-	1,875.00
3	HUMANA EASTERN	790.23	358.07	1,148.30	1,968.75	895.45	2,864.20
	ARISE HEALTH PLAN	790.23	190.57	980.80	1,968.75	476.75	2,445.50
	NETWORK HEALTH	790.23	18.97	809.20	1,968.75	47.75	2,016.50
	WEA TRUST PPO - EAST	790.23	6.67	796.90	1,968.75	16.95	1,985.70
	UNITEDHEALTHCARE	790.23	62.47	852.70	1,968.75	156.45	2,125.20
*	DEAN HEALTH INSURANCE PREVEA360	790.23	54.37	844.60	1,968.75	136.25	2,105.00
3	STANDARD PLAN - BALANCE OF STATE	790.23	374.47	1,164.70	1,968.75	936.35	2,905.10
OZAUKEE							
	ANTHEM BLUE SOUTHEAST	807.40	-	807.40	2,012.00	-	2,012.00
3	HUMANA EASTERN	836.75	311.55	1,148.30	2,084.99	779.21	2,864.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
	UNITEDHEALTHCARE	836.75	15.95	852.70	2,084.99	40.21	2,125.20
3	WPS METRO CHOICE SE	836.75	525.35	1,362.10	2,084.99	1,313.71	3,398.70
3	STANDARD PLAN - WAUKESHA	836.75	327.95	1,164.70	2,084.99	820.11	2,905.10
PEPIN							
*	HUMANA WESTERN	813.12	335.18	1,148.30	2,027.66	836.54	2,864.20
*	SECURITY HEALTH PLAN	813.12	311.98	1,125.10	2,027.66	778.54	2,806.20
*	WEA TRUST PPO - NORTHWEST	813.12	120.08	933.20	2,027.66	298.84	2,326.50
3	STANDARD PLAN - BALANCE OF STATE	813.12	351.58	1,164.70	2,027.66	877.44	2,905.10
	STATE MAINTENANCE PLAN	774.40	-	774.40	1,931.10	-	1,931.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
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Full Pay 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
PIERCE							
	HEALTHPARTNERS	882.80	-	882.80	2,200.50	-	2,200.50
	WEA TRUST PPO - NORTHWEST	926.94	6.26	933.20	2,310.53	15.97	2,326.50
	WPS METRO CHOICE NW	926.94	195.16	1,122.10	2,310.53	488.17	2,798.70
*	HUMANA WESTERN	926.94	221.36	1,148.30	2,310.53	553.67	2,864.20
3	STANDARD PLAN - BALANCE OF STATE	926.94	237.76	1,164.70	2,310.53	594.57	2,905.10
POLK							
	HEALTHPARTNERS	882.80	-	882.80	2,200.50	-	2,200.50
	WEA TRUST PPO - NORTHWEST	926.94	6.26	933.20	2,310.53	15.97	2,326.50
	WPS METRO CHOICE NW	926.94	195.16	1,122.10	2,310.53	488.17	2,798.70
*	HUMANA WESTERN	926.94	221.36	1,148.30	2,310.53	553.67	2,864.20
3	STANDARD PLAN - DANE	926.94	152.46	1,079.40	2,310.53	381.37	2,691.90
PORTAGE							
3	SECURITY HEALTH PLAN	836.75	288.35	1,125.10	2,084.99	721.21	2,806.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
*	ARISE HEALTH PLAN	836.75	144.05	980.80	2,084.99	360.51	2,445.50
3	STANDARD PLAN - BALANCE OF STATE	836.75	327.95	1,164.70	2,084.99	820.11	2,905.10
PRICE							
3	SECURITY HEALTH PLAN	836.75	288.35	1,125.10	2,084.99	721.21	2,806.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
3	STANDARD PLAN - BALANCE OF STATE	836.75	327.95	1,164.70	2,084.99	820.11	2,905.10
RACINE							
	ANTHEM BLUE SOUTHEAST	807.40	-	807.40	2,012.00	-	2,012.00
3	HUMANA EASTERN	836.75	311.55	1,148.30	2,084.99	779.21	2,864.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
	UNITEDHEALTHCARE	836.75	15.95	852.70	2,084.99	40.21	2,125.20
3	WPS METRO CHOICE SE	836.75	525.35	1,362.10	2,084.99	1,313.71	3,398.70
3	STANDARD PLAN - WAUKESHA	836.75	327.95	1,164.70	2,084.99	820.11	2,905.10
RICHLAND							
	DEAN HEALTH INSURANCE	643.44	46.56	690.00	1,601.78	116.72	1,718.50
	GUNDERSEN HEALTH PLAN	643.44	111.66	755.10	1,601.78	279.42	1,881.20
	UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
	HEALTH TRADITION	643.44	51.86	695.30	1,601.78	129.92	1,731.70
	PHYSICIANS PLUS	643.44	20.86	664.30	1,601.78	52.42	1,654.20
3	STANDARD PLAN - BALANCE OF STATE	643.44	521.26	1,164.70	1,601.78	1,303.32	2,905.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Full Pay 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
ROCK								
		ANTHEM BLUE SOUTHEAST	598.61	208.79	807.40	1,489.64	522.36	2,012.00
		DEAN HEALTH INSURANCE	598.61	91.39	690.00	1,489.64	228.86	1,718.50
	3	HUMANA EASTERN	598.61	549.69	1,148.30	1,489.64	1,374.56	2,864.20
		UNITY COMMUNITY	598.61	14.19	612.80	1,489.64	35.86	1,525.50
		MERCYCARE HEALTH PLAN	570.10	-	570.10	1,418.70	-	1,418.70
		WEA TRUST PPO - EAST	598.61	198.29	796.90	1,489.64	496.06	1,985.70
		UNITEDHEALTHCARE	598.61	254.09	852.70	1,489.64	635.56	2,125.20
	*	PHYSICIANS PLUS	598.61	65.69	664.30	1,489.64	164.56	1,654.20
	3	STANDARD PLAN - BALANCE OF STATE	598.61	566.09	1,164.70	1,489.64	1,415.46	2,905.10
RUSK								
	3	SECURITY HEALTH PLAN	979.86	145.24	1,125.10	2,442.83	363.37	2,806.20
		WEA TRUST PPO - NORTHWEST	933.20	-	933.20	2,326.50	-	2,326.50
		WPS METRO CHOICE NW	979.86	142.24	1,122.10	2,442.83	355.87	2,798.70
	3	STANDARD PLAN - BALANCE OF STATE	979.86	184.84	1,164.70	2,442.83	462.27	2,905.10
SAUK								
		DEAN HEALTH INSURANCE	643.44	46.56	690.00	1,601.78	116.72	1,718.50
		GUNDERSEN HEALTH PLAN	643.44	111.66	755.10	1,601.78	279.42	1,881.20
		UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
		HEALTH TRADITION	643.44	51.86	695.30	1,601.78	129.92	1,731.70
		PHYSICIANS PLUS	643.44	20.86	664.30	1,601.78	52.42	1,654.20
	3	STANDARD PLAN - BALANCE OF STATE	643.44	521.26	1,164.70	1,601.78	1,303.32	2,905.10
SAWYER								
		GHC EAU CLAIRE	979.86	149.94	1,129.80	2,442.83	375.17	2,818.00
	3	SECURITY HEALTH PLAN	979.86	145.24	1,125.10	2,442.83	363.37	2,806.20
		WEA TRUST PPO - NORTHWEST	933.20	-	933.20	2,326.50	-	2,326.50
SAWYER	*	GUNDERSEN HEALTH PLAN	755.10	-	755.10	1,881.20	-	1,881.20
	*	HEALTHPARTNERS	882.80	-	882.80	2,200.50	-	2,200.50
	*	WPS METRO CHOICE NW	979.86	142.24	1,122.10	2,442.83	355.87	2,798.70
	3	STANDARD PLAN - BALANCE OF STATE	979.86	184.84	1,164.70	2,442.83	462.27	2,905.10
SHAWANO								
		ANTHEM BLUE NORTHEAST	752.60	-	752.60	1,875.00	-	1,875.00
	3	HUMANA EASTERN	790.23	358.07	1,148.30	1,968.75	895.45	2,864.20
		ARISE HEALTH PLAN	790.23	190.57	980.80	1,968.75	476.75	2,445.50
		NETWORK HEALTH	790.23	18.97	809.20	1,968.75	47.75	2,016.50
		WEA TRUST PPO - EAST	790.23	6.67	796.90	1,968.75	16.95	1,985.70
		UNITEDHEALTHCARE	790.23	62.47	852.70	1,968.75	156.45	2,125.20
	*	DEAN HEALTH INSURANCE PREVEA360	790.23	54.37	844.60	1,968.75	136.25	2,105.00
	3	STANDARD PLAN - BALANCE OF STATE	790.23	374.47	1,164.70	1,968.75	936.35	2,905.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Full Pay 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
SHEBOYGAN							
	ANTHEM BLUE NORTHEAST	752.60	-	752.60	1,875.00	-	1,875.00
*	DEAN HEALTH INSURANCE PREVEA360	790.23	54.37	844.60	1,968.75	136.25	2,105.00
3	HUMANA EASTERN	790.23	358.07	1,148.30	1,968.75	895.45	2,864.20
	ARISE HEALTH PLAN	790.23	190.57	980.80	1,968.75	476.75	2,445.50
	NETWORK HEALTH	790.23	18.97	809.20	1,968.75	47.75	2,016.50
	WEA TRUST PPO - EAST	790.23	6.67	796.90	1,968.75	16.95	1,985.70
	UNITEDHEALTHCARE	790.23	62.47	852.70	1,968.75	156.45	2,125.20
3	STANDARD PLAN - BALANCE OF STATE	790.23	374.47	1,164.70	1,968.75	936.35	2,905.10
ST. CROIX							
	HUMANA WESTERN	926.94	221.36	1,148.30	2,310.53	553.67	2,864.20
	HEALTHPARTNERS	882.80	-	882.80	2,200.50	-	2,200.50
	WEA TRUST PPO - NORTHWEST	926.94	6.26	933.20	2,310.53	15.97	2,326.50
	WPS METRO CHOICE NW	926.94	195.16	1,122.10	2,310.53	488.17	2,798.70
3	STANDARD PLAN - DANE	926.94	152.46	1,079.40	2,310.53	381.37	2,691.90
TAYLOR							
	ARISE HEALTH PLAN	836.75	144.05	980.80	2,084.99	360.51	2,445.50
3	SECURITY HEALTH PLAN	836.75	288.35	1,125.10	2,084.99	721.21	2,806.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
3	STANDARD PLAN - BALANCE OF STATE	836.75	327.95	1,164.70	2,084.99	820.11	2,905.10
TREMPEALEAU							
	GUNDERSEN HEALTH PLAN	755.10	-	755.10	1,881.20	-	1,881.20
	WEA TRUST PPO - NORTHWEST	792.86	140.34	933.20	1,975.26	351.24	2,326.50
*	HEALTH TRADITION	695.30	-	695.30	1,731.70	-	1,731.70
3	STANDARD PLAN - BALANCE OF STATE	792.86	371.84	1,164.70	1,975.26	929.84	2,905.10
VERNON							
	GUNDERSEN HEALTH PLAN	643.44	111.66	755.10	1,601.78	279.42	1,881.20
	UNITY COMMUNITY	612.80	-	612.80	1,525.50	-	1,525.50
	HEALTH TRADITION	643.44	51.86	695.30	1,601.78	129.92	1,731.70
*	DEAN HEALTH INSURANCE	643.44	46.56	690.00	1,601.78	116.72	1,718.50
3	STANDARD PLAN - BALANCE OF STATE	643.44	521.26	1,164.70	1,601.78	1,303.32	2,905.10
VILAS							
3	SECURITY HEALTH PLAN	813.12	311.98	1,125.10	2,027.66	778.54	2,806.20
*	ARISE HEALTH PLAN	813.12	167.68	980.80	2,027.66	417.84	2,445.50
*	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
3	STANDARD PLAN - BALANCE OF STATE	813.12	351.58	1,164.70	2,027.66	877.44	2,905.10
	STATE MAINTENANCE PLAN	774.40	-	774.40	1,931.10	-	1,931.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan
LCQP
* = Not In Calculation - Plan Not Qualified in County or 1st Year in Service Area

Full Pay 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
WALWORTH							
	ANTHEM BLUE SOUTHEAST	598.61	208.79	807.40	1,489.64	522.36	2,012.00
3	HUMANA EASTERN	598.61	549.69	1,148.30	1,489.64	1,374.56	2,864.20
	UNITY COMMUNITY	598.61	14.19	612.80	1,489.64	35.86	1,525.50
	MERCYCARE HEALTH PLAN	570.10	-	570.10	1,418.70	-	1,418.70
	WEA TRUST PPO - EAST	598.61	198.29	796.90	1,489.64	496.06	1,985.70
	UNITEDHEALTHCARE	598.61	254.09	852.70	1,489.64	635.56	2,125.20
*	DEAN HEALTH INSURANCE	598.61	91.39	690.00	1,489.64	228.86	1,718.50
*	PHYSICIANS PLUS	598.61	65.69	664.30	1,489.64	164.56	1,654.20
3	STANDARD PLAN - BALANCE OF STATE	598.61	566.09	1,164.70	1,489.64	1,415.46	2,905.10
WASHBURN							
	GHC EAU CLAIRE	979.86	149.94	1,129.80	2,442.83	375.17	2,818.00
3	SECURITY HEALTH PLAN	979.86	145.24	1,125.10	2,442.83	363.37	2,806.20
	WEA TRUST PPO - NORTHWEST	933.20	-	933.20	2,326.50	-	2,326.50
	WPS METRO CHOICE NW	979.86	142.24	1,122.10	2,442.83	355.87	2,798.70
*	GUNDERSEN HEALTH PLAN	755.10	-	755.10	1,881.20	-	1,881.20
*	HEALTHPARTNERS	882.80	-	882.80	2,200.50	-	2,200.50
3	STANDARD PLAN - BALANCE OF STATE	979.86	184.84	1,164.70	2,442.83	462.27	2,905.10
WASHINGTON							
	ANTHEM BLUE SOUTHEAST	807.40	-	807.40	2,012.00	-	2,012.00
3	HUMANA EASTERN	836.75	311.55	1,148.30	2,084.99	779.21	2,864.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
	UNITEDHEALTHCARE	836.75	15.95	852.70	2,084.99	40.21	2,125.20
3	WPS METRO CHOICE SE	836.75	525.35	1,362.10	2,084.99	1,313.71	3,398.70
3	STANDARD PLAN - WAUKESHA	836.75	327.95	1,164.70	2,084.99	820.11	2,905.10
WAUKESHA							
	ANTHEM BLUE SOUTHEAST	807.40	-	807.40	2,012.00	-	2,012.00
*	DEAN HEALTH INSURANCE	690.00	-	690.00	1,718.50	-	1,718.50
3	HUMANA EASTERN	836.75	311.55	1,148.30	2,084.99	779.21	2,864.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
	UNITEDHEALTHCARE	836.75	15.95	852.70	2,084.99	40.21	2,125.20
3	WPS METRO CHOICE SE	836.75	525.35	1,362.10	2,084.99	1,313.71	3,398.70
3	STANDARD PLAN - WAUKESHA	836.75	327.95	1,164.70	2,084.99	820.11	2,905.10
WAUPACA							
	ANTHEM BLUE NORTHEAST	752.60	-	752.60	1,875.00	-	1,875.00
3	HUMANA EASTERN	790.23	358.07	1,148.30	1,968.75	895.45	2,864.20
	ARISE HEALTH PLAN	790.23	190.57	980.80	1,968.75	476.75	2,445.50
	NETWORK HEALTH	790.23	18.97	809.20	1,968.75	47.75	2,016.50
3	SECURITY HEALTH PLAN	790.23	334.87	1,125.10	1,968.75	837.45	2,806.20
	WEA TRUST PPO - EAST	790.23	6.67	796.90	1,968.75	16.95	1,985.70
	UNITEDHEALTHCARE	790.23	62.47	852.70	1,968.75	156.45	2,125.20
3	STANDARD PLAN - BALANCE OF STATE	790.23	374.47	1,164.70	1,968.75	936.35	2,905.10

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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Full Pay 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
WAUSHARA							
	ANTHEM BLUE NORTHEAST	697.52	55.08	752.60	1,736.91	138.09	1,875.00
3	HUMANA EASTERN	697.52	450.78	1,148.30	1,736.91	1,127.29	2,864.20
	NETWORK HEALTH	697.52	111.68	809.20	1,736.91	279.59	2,016.50
3	SECURITY HEALTH PLAN	697.52	427.58	1,125.10	1,736.91	1,069.29	2,806.20
	PHYSICIANS PLUS	664.30	-	664.30	1,654.20	-	1,654.20
	WEA TRUST PPO - EAST	697.52	99.38	796.90	1,736.91	248.79	1,985.70
	UNITEDHEALTHCARE	697.52	155.18	852.70	1,736.91	388.29	2,125.20
3	STANDARD PLAN - BALANCE OF STATE	697.52	467.18	1,164.70	1,736.91	1,168.19	2,905.10
WINNEBAGO							
	ANTHEM BLUE NORTHEAST	752.60	-	752.60	1,875.00	-	1,875.00
3	HUMANA EASTERN	790.23	358.07	1,148.30	1,968.75	895.45	2,864.20
	ARISE HEALTH PLAN	790.23	190.57	980.80	1,968.75	476.75	2,445.50
	NETWORK HEALTH	790.23	18.97	809.20	1,968.75	47.75	2,016.50
	WEA TRUST PPO - EAST	790.23	6.67	796.90	1,968.75	16.95	1,985.70
	UNITEDHEALTHCARE	790.23	62.47	852.70	1,968.75	156.45	2,125.20
3	STANDARD PLAN - BALANCE OF STATE	790.23	374.47	1,164.70	1,968.75	936.35	2,905.10
WOOD							
	ARISE HEALTH PLAN	836.75	144.05	980.80	2,084.99	360.51	2,445.50
3	SECURITY HEALTH PLAN	836.75	288.35	1,125.10	2,084.99	721.21	2,806.20
	WEA TRUST PPO - EAST	796.90	-	796.90	1,985.70	-	1,985.70
3	STANDARD PLAN - BALANCE OF STATE	836.75	327.95	1,164.70	2,084.99	820.11	2,905.10