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

Coinsurance HMO - Standard PPO - P06

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	615.41	44.09	659.50	1,531.64	110.56	1,642.20
	UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
3	SECURITY HEALTH PLAN	615.41	457.39	1,072.80	1,531.64	1,143.86	2,675.50
	PHYSICIANS PLUS	615.41	19.59	635.00	1,531.64	49.36	1,581.00
	WEA TRUST PPO - EAST	615.41	145.59	761.00	1,531.64	364.36	1,896.00
3	STANDARD PLAN - BALANCE OF STATE	615.41	427.19	1,042.60	1,531.64	1,068.56	2,600.20
ASHLAND							
	GHC EAU CLAIRE	935.03	142.27	1,077.30	2,330.69	356.01	2,686.70
3	SECURITY HEALTH PLAN	935.03	137.77	1,072.80	2,330.69	344.81	2,675.50
	WEA TRUST PPO - NORTHWEST	890.50	-	890.50	2,219.70	-	2,219.70
*	HEALTHPARTNERS	842.60	-	842.60	2,100.00	-	2,100.00
3	STANDARD PLAN - BALANCE OF STATE	935.03	107.57	1,042.60	2,330.69	269.51	2,600.20
BARRON							
	HUMANA WESTERN	935.03	159.77	1,094.80	2,330.69	399.81	2,730.50
3	SECURITY HEALTH PLAN	935.03	137.77	1,072.80	2,330.69	344.81	2,675.50
	WEA TRUST PPO - NORTHWEST	890.50	-	890.50	2,219.70	-	2,219.70
	WPS METRO CHOICE NW	935.03	134.97	1,070.00	2,330.69	337.81	2,668.50
*	GUNDERSEN HEALTH PLAN	721.30	-	721.30	1,796.70	-	1,796.70
3	STANDARD PLAN - BALANCE OF STATE	935.03	107.57	1,042.60	2,330.69	269.51	2,600.20
BAYFIELD							
*	GHC EAU CLAIRE	772.49	304.81	1,077.30	1,926.12	760.58	2,686.70
*	SECURITY HEALTH PLAN	772.49	300.31	1,072.80	1,926.12	749.38	2,675.50
*	HEALTHPARTNERS	772.49	70.11	842.60	1,926.12	173.88	2,100.00
*	WEA TRUST PPO - NORTHWEST	772.49	118.01	890.50	1,926.12	293.58	2,219.70
3	STANDARD PLAN - BALANCE OF STATE	772.49	270.11	1,042.60	1,926.12	674.08	2,600.20
	STATE MAINTENANCE PLAN	735.70	-	735.70	1,834.40	-	1,834.40
BROWN							
	ANTHEM BLUE NORTHEAST	718.90	-	718.90	1,790.70	-	1,790.70
*	DEAN HEALTH INSURANCE PREVEA360	754.85	51.55	806.40	1,880.24	129.26	2,009.50
3	HUMANA EASTERN	754.85	339.95	1,094.80	1,880.24	850.26	2,730.50
	ARISE HEALTH PLAN	754.85	180.85	935.70	1,880.24	452.46	2,332.70
	NETWORK HEALTH	754.85	17.85	772.70	1,880.24	44.96	1,925.20
	WEA TRUST PPO - EAST	754.85	6.15	761.00	1,880.24	15.76	1,896.00
	UNITEDHEALTHCARE	754.85	59.15	814.00	1,880.24	148.26	2,028.50
3	STANDARD PLAN - BALANCE OF STATE	754.85	287.75	1,042.60	1,880.24	719.96	2,600.20
BUFFALO							
*	HEALTH TRADITION	664.50	-	664.50	1,654.70	-	1,654.70
*	WEA TRUST PPO - NORTHWEST	772.49	118.01	890.50	1,926.12	293.58	2,219.70
3	STANDARD PLAN - BALANCE OF STATE	772.49	270.11	1,042.60	1,926.12	674.08	2,600.20
	STATE MAINTENANCE PLAN	735.70	-	735.70	1,834.40	-	1,834.40

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

Coinsurance HMO - Standard PPO - P06

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	884.73	192.57	1,077.30	2,205.00	481.70	2,686.70
	HEALTHPARTNERS	842.60	-	842.60	2,100.00	-	2,100.00
	WEA TRUST PPO - NORTHWEST	884.73	5.77	890.50	2,205.00	14.70	2,219.70
	WPS METRO CHOICE NW	884.73	185.27	1,070.00	2,205.00	463.50	2,668.50
3	STANDARD PLAN - BALANCE OF STATE	884.73	157.87	1,042.60	2,205.00	395.20	2,600.20
CALUMET							
	ANTHEM BLUE NORTHEAST	718.90	-	718.90	1,790.70	-	1,790.70
3	HUMANA EASTERN	754.85	339.95	1,094.80	1,880.24	850.26	2,730.50
	NETWORK HEALTH	754.85	17.85	772.70	1,880.24	44.96	1,925.20
	UNITEDHEALTHCARE	754.85	59.15	814.00	1,880.24	148.26	2,028.50
*	ARISE HEALTH PLAN	754.85	180.85	935.70	1,880.24	452.46	2,332.70
*	WEA TRUST PPO - EAST	754.85	6.15	761.00	1,880.24	15.76	1,896.00
3	STANDARD PLAN - BALANCE OF STATE	754.85	287.75	1,042.60	1,880.24	719.96	2,600.20
CHIPPEWA							
	HUMANA WESTERN	757.37	337.43	1,094.80	1,886.54	843.96	2,730.50
	GUNDERSEN HEALTH PLAN	721.30	-	721.30	1,796.70	-	1,796.70
3	SECURITY HEALTH PLAN	757.37	315.43	1,072.80	1,886.54	788.96	2,675.50
	WEA TRUST PPO - NORTHWEST	757.37	133.13	890.50	1,886.54	333.16	2,219.70
	WPS METRO CHOICE NW	757.37	312.63	1,070.00	1,886.54	781.96	2,668.50
3	STANDARD PLAN - BALANCE OF STATE	757.37	285.23	1,042.60	1,886.54	713.66	2,600.20
CLARK							
	GUNDERSEN HEALTH PLAN	721.30	-	721.30	1,796.70	-	1,796.70
3	SECURITY HEALTH PLAN	757.37	315.43	1,072.80	1,886.54	788.96	2,675.50
	WEA TRUST PPO - NORTHWEST	757.37	133.13	890.50	1,886.54	333.16	2,219.70
*	ARISE HEALTH PLAN	757.37	178.33	935.70	1,886.54	446.16	2,332.70
3	STANDARD PLAN - BALANCE OF STATE	757.37	285.23	1,042.60	1,886.54	713.66	2,600.20
COLUMBIA							
	DEAN HEALTH INSURANCE	615.41	44.09	659.50	1,531.64	110.56	1,642.20
	UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
	PHYSICIANS PLUS	615.41	19.59	635.00	1,531.64	49.36	1,581.00
	WEA TRUST PPO - EAST	615.41	145.59	761.00	1,531.64	364.36	1,896.00
3	STANDARD PLAN - BALANCE OF STATE	615.41	427.19	1,042.60	1,531.64	1,068.56	2,600.20
CRAWFORD							
	GUNDERSEN HEALTH PLAN	697.73	23.57	721.30	1,737.44	59.26	1,796.70
	HEALTH TRADITION	664.50	-	664.50	1,654.70	-	1,654.70
*	UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
*	MEDICAL ASSOCIATES HEALTH PLAN	670.70	-	670.70	1,670.20	-	1,670.20
3	STANDARD PLAN - BALANCE OF STATE	697.73	344.87	1,042.60	1,737.44	862.76	2,600.20

2014 Premiums - Wisconsin Public Employers Group Health Insurance Program

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

Coinsurance HMO - Standard PPO - P06

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	565.01	94.49	659.50	1,405.64	236.56	1,642.20
	GHC SOUTH CENTRAL WI	565.01	2.79	567.80	1,405.64	7.36	1,413.00
	PHYSICIANS PLUS	565.01	69.99	635.00	1,405.64	175.36	1,581.00
*	WEA TRUST PPO - SOUTH CENTRAL	565.01	177.29	742.30	1,405.64	443.56	1,849.20
	UNITY UW	538.10	-	538.10	1,338.70	-	1,338.70
3	STANDARD PLAN - DANE	565.01	402.79	967.80	1,405.64	1,009.26	2,414.90
DODGE							
	ANTHEM BLUE SOUTHEAST	615.41	155.59	771.00	1,531.64	389.36	1,921.00
	DEAN HEALTH INSURANCE	615.41	44.09	659.50	1,531.64	110.56	1,642.20
3	HUMANA EASTERN	615.41	479.39	1,094.80	1,531.64	1,198.86	2,730.50
	UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
	NETWORK HEALTH	615.41	157.29	772.70	1,531.64	393.56	1,925.20
	WEA TRUST PPO - EAST	615.41	145.59	761.00	1,531.64	364.36	1,896.00
	UNITEDHEALTHCARE	615.41	198.59	814.00	1,531.64	496.86	2,028.50
*	ARISE HEALTH PLAN	615.41	320.29	935.70	1,531.64	801.06	2,332.70
3	WPS METRO CHOICE SE	615.41	682.59	1,298.00	1,531.64	1,706.86	3,238.50
3	STANDARD PLAN - BALANCE OF STATE	615.41	427.19	1,042.60	1,531.64	1,068.56	2,600.20
DOOR							
	ANTHEM BLUE NORTHEAST	718.90	-	718.90	1,790.70	-	1,790.70
3	HUMANA EASTERN	754.85	339.95	1,094.80	1,880.24	850.26	2,730.50
	NETWORK HEALTH	754.85	17.85	772.70	1,880.24	44.96	1,925.20
	WEA TRUST PPO - EAST	754.85	6.15	761.00	1,880.24	15.76	1,896.00
	UNITEDHEALTHCARE	754.85	59.15	814.00	1,880.24	148.26	2,028.50
*	DEAN HEALTH INSURANCE PREVEA360	754.85	51.55	806.40	1,880.24	129.26	2,009.50
*	ARISE HEALTH PLAN	754.85	180.85	935.70	1,880.24	452.46	2,332.70
3	STANDARD PLAN - BALANCE OF STATE	754.85	287.75	1,042.60	1,880.24	719.96	2,600.20
DOUGLAS							
	HUMANA WESTERN	884.73	210.07	1,094.80	2,205.00	525.50	2,730.50
	GHC EAU CLAIRE	884.73	192.57	1,077.30	2,205.00	481.70	2,686.70
3	SECURITY HEALTH PLAN	884.73	188.07	1,072.80	2,205.00	470.50	2,675.50
	HEALTHPARTNERS	842.60	-	842.60	2,100.00	-	2,100.00
	WEA TRUST PPO - NORTHWEST	884.73	5.77	890.50	2,205.00	14.70	2,219.70
3	STANDARD PLAN - BALANCE OF STATE	884.73	157.87	1,042.60	2,205.00	395.20	2,600.20
DUNN							
	HUMANA WESTERN	935.03	159.77	1,094.80	2,330.69	399.81	2,730.50
	WEA TRUST PPO - NORTHWEST	890.50	-	890.50	2,219.70	-	2,219.70
	WPS METRO CHOICE NW	935.03	134.97	1,070.00	2,330.69	337.81	2,668.50
3	STANDARD PLAN - BALANCE OF STATE	935.03	107.57	1,042.60	2,330.69	269.51	2,600.20

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

Coinsurance HMO - Standard PPO - P06

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	757.37	337.43	1,094.80	1,886.54	843.96	2,730.50
	GUNDERSEN HEALTH PLAN	721.30	-	721.30	1,796.70	-	1,796.70
3	SECURITY HEALTH PLAN	757.37	315.43	1,072.80	1,886.54	788.96	2,675.50
	WEA TRUST PPO - NORTHWEST	757.37	133.13	890.50	1,886.54	333.16	2,219.70
	WPS METRO CHOICE NW	757.37	312.63	1,070.00	1,886.54	781.96	2,668.50
3	STANDARD PLAN - BALANCE OF STATE	757.37	285.23	1,042.60	1,886.54	713.66	2,600.20
FLORENCE							
*	ARISE HEALTH PLAN	772.49	163.21	935.70	1,926.12	406.58	2,332.70
*	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
3	STANDARD PLAN - BALANCE OF STATE	772.49	270.11	1,042.60	1,926.12	674.08	2,600.20
	STATE MAINTENANCE PLAN	735.70	-	735.70	1,834.40	-	1,834.40
FOND DU LAC							
	ANTHEM BLUE NORTHEAST	615.41	103.49	718.90	1,531.64	259.06	1,790.70
	DEAN HEALTH INSURANCE	615.41	44.09	659.50	1,531.64	110.56	1,642.20
3	HUMANA EASTERN	615.41	479.39	1,094.80	1,531.64	1,198.86	2,730.50
	UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
	ARISE HEALTH PLAN	615.41	320.29	935.70	1,531.64	801.06	2,332.70
	NETWORK HEALTH	615.41	157.29	772.70	1,531.64	393.56	1,925.20
	WEA TRUST PPO - EAST	615.41	145.59	761.00	1,531.64	364.36	1,896.00
	UNITEDHEALTHCARE	615.41	198.59	814.00	1,531.64	496.86	2,028.50
3	STANDARD PLAN - BALANCE OF STATE	615.41	427.19	1,042.60	1,531.64	1,068.56	2,600.20
FOREST							
*	ARISE HEALTH PLAN	772.49	163.21	935.70	1,926.12	406.58	2,332.70
*	SECURITY HEALTH PLAN	772.49	300.31	1,072.80	1,926.12	749.38	2,675.50
*	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
3	STANDARD PLAN - BALANCE OF STATE	772.49	270.11	1,042.60	1,926.12	674.08	2,600.20
	STATE MAINTENANCE PLAN	735.70	-	735.70	1,834.40	-	1,834.40
GRANT							
	DEAN HEALTH INSURANCE	615.41	44.09	659.50	1,531.64	110.56	1,642.20
	GUNDERSEN HEALTH PLAN	615.41	105.89	721.30	1,531.64	265.06	1,796.70
	UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
	HEALTH TRADITION	615.41	49.09	664.50	1,531.64	123.06	1,654.70
	MEDICAL ASSOCIATES HEALTH PLAN	615.41	55.29	670.70	1,531.64	138.56	1,670.20
	PHYSICIANS PLUS	615.41	19.59	635.00	1,531.64	49.36	1,581.00
3	STANDARD PLAN - DANE	615.41	352.39	967.80	1,531.64	883.26	2,414.90
GREEN							
	DEAN HEALTH INSURANCE	615.41	44.09	659.50	1,531.64	110.56	1,642.20
3	HUMANA EASTERN	615.41	479.39	1,094.80	1,531.64	1,198.86	2,730.50
	UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
*	MERCYCARE HEALTH PLAN	545.60	-	545.60	1,357.50	-	1,357.50
3	STANDARD PLAN - BALANCE OF STATE	615.41	427.19	1,042.60	1,531.64	1,068.56	2,600.20

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

Coinsurance HMO - Standard PPO - P06

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	718.90	-	718.90	1,790.70	-	1,790.70
3	HUMANA EASTERN	754.85	339.95	1,094.80	1,880.24	850.26	2,730.50
	NETWORK HEALTH	754.85	17.85	772.70	1,880.24	44.96	1,925.20
	WEA TRUST PPO - EAST	754.85	6.15	761.00	1,880.24	15.76	1,896.00
	UNITEDHEALTHCARE	754.85	59.15	814.00	1,880.24	148.26	2,028.50
*	DEAN HEALTH INSURANCE	659.50	-	659.50	1,642.20	-	1,642.20
*	ARISE HEALTH PLAN	754.85	180.85	935.70	1,880.24	452.46	2,332.70
*	PHYSICIANS PLUS	635.00	-	635.00	1,581.00	-	1,581.00
3	STANDARD PLAN - BALANCE OF STATE	754.85	287.75	1,042.60	1,880.24	719.96	2,600.20
IOWA							
	DEAN HEALTH INSURANCE	615.41	44.09	659.50	1,531.64	110.56	1,642.20
	UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
	MEDICAL ASSOCIATES HEALTH PLAN	615.41	55.29	670.70	1,531.64	138.56	1,670.20
	PHYSICIANS PLUS	615.41	19.59	635.00	1,531.64	49.36	1,581.00
3	STANDARD PLAN - BALANCE OF STATE	615.41	427.19	1,042.60	1,531.64	1,068.56	2,600.20
IRON							
*	SECURITY HEALTH PLAN	772.49	300.31	1,072.80	1,926.12	749.38	2,675.50
*	WEA TRUST PPO - NORTHWEST	772.49	118.01	890.50	1,926.12	293.58	2,219.70
3	STANDARD PLAN - BALANCE OF STATE	772.49	270.11	1,042.60	1,926.12	674.08	2,600.20
	STATE MAINTENANCE PLAN	735.70	-	735.70	1,834.40	-	1,834.40
JACKSON							
	GUNDERSEN HEALTH PLAN	697.73	23.57	721.30	1,737.44	59.26	1,796.70
	HEALTH TRADITION	664.50	-	664.50	1,654.70	-	1,654.70
3	SECURITY HEALTH PLAN	697.73	375.07	1,072.80	1,737.44	938.06	2,675.50
	WEA TRUST PPO - NORTHWEST	697.73	192.77	890.50	1,737.44	482.26	2,219.70
3	STANDARD PLAN - BALANCE OF STATE	697.73	344.87	1,042.60	1,737.44	862.76	2,600.20
JEFFERSON							
	ANTHEM BLUE SOUTHEAST	572.88	198.12	771.00	1,425.38	495.62	1,921.00
	DEAN HEALTH INSURANCE	572.88	86.62	659.50	1,425.38	216.82	1,642.20
3	HUMANA EASTERN	572.88	521.92	1,094.80	1,425.38	1,305.12	2,730.50
	UNITY COMMUNITY	572.88	13.22	586.10	1,425.38	33.32	1,458.70
	MERCYCARE HEALTH PLAN	545.60	-	545.60	1,357.50	-	1,357.50
	PHYSICIANS PLUS	572.88	62.12	635.00	1,425.38	155.62	1,581.00
	WEA TRUST PPO - EAST	572.88	188.12	761.00	1,425.38	470.62	1,896.00
	UNITEDHEALTHCARE	572.88	241.12	814.00	1,425.38	603.12	2,028.50
3	WPS METRO CHOICE SE	572.88	725.12	1,298.00	1,425.38	1,813.12	3,238.50
3	STANDARD PLAN - DANE	572.88	394.92	967.80	1,425.38	989.52	2,414.90

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

Coinsurance HMO - Standard PPO - P06

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	615.41	105.89	721.30	1,531.64	265.06	1,796.70
	UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
	HEALTH TRADITION	615.41	49.09	664.50	1,531.64	123.06	1,654.70
3	SECURITY HEALTH PLAN	615.41	457.39	1,072.80	1,531.64	1,143.86	2,675.50
	WEA TRUST PPO - EAST	615.41	145.59	761.00	1,531.64	364.36	1,896.00
*	DEAN HEALTH INSURANCE	615.41	44.09	659.50	1,531.64	110.56	1,642.20
3	STANDARD PLAN - BALANCE OF STATE	615.41	427.19	1,042.60	1,531.64	1,068.56	2,600.20
KENOSHA							
	ANTHEM BLUE SOUTHEAST	771.00	-	771.00	1,921.00	-	1,921.00
3	HUMANA EASTERN	799.05	295.75	1,094.80	1,990.80	739.70	2,730.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
	UNITEDHEALTHCARE	799.05	14.95	814.00	1,990.80	37.70	2,028.50
3	STANDARD PLAN - WAUKESHA	799.05	243.55	1,042.60	1,990.80	609.40	2,600.20
KEWAUNEE							
	ANTHEM BLUE NORTHEAST	718.90	-	718.90	1,790.70	-	1,790.70
	ARISE HEALTH PLAN	754.85	180.85	935.70	1,880.24	452.46	2,332.70
	NETWORK HEALTH	754.85	17.85	772.70	1,880.24	44.96	1,925.20
	WEA TRUST PPO - EAST	754.85	6.15	761.00	1,880.24	15.76	1,896.00
*	DEAN HEALTH INSURANCE PREVEA360	754.85	51.55	806.40	1,880.24	129.26	2,009.50
*	HUMANA EASTERN	754.85	339.95	1,094.80	1,880.24	850.26	2,730.50
*	UNITEDHEALTHCARE	754.85	59.15	814.00	1,880.24	148.26	2,028.50
3	STANDARD PLAN - BALANCE OF STATE	754.85	287.75	1,042.60	1,880.24	719.96	2,600.20
LACROSSE							
	GUNDERSEN HEALTH PLAN	697.73	23.57	721.30	1,737.44	59.26	1,796.70
	HEALTH TRADITION	664.50	-	664.50	1,654.70	-	1,654.70
3	STANDARD PLAN - DANE	697.73	270.07	967.80	1,737.44	677.46	2,414.90
LAFAYETTE							
	MEDICAL ASSOCIATES HEALTH PLAN	670.70	-	670.70	1,670.20	-	1,670.20
*	DEAN HEALTH INSURANCE	659.50	-	659.50	1,642.20	-	1,642.20
*	UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
*	PHYSICIANS PLUS	635.00	-	635.00	1,581.00	-	1,581.00
3	STANDARD PLAN - BALANCE OF STATE	704.24	338.36	1,042.60	1,753.71	846.49	2,600.20
LANGLADE							
	ARISE HEALTH PLAN	799.05	136.65	935.70	1,990.80	341.90	2,332.70
3	SECURITY HEALTH PLAN	799.05	273.75	1,072.80	1,990.80	684.70	2,675.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
3	STANDARD PLAN - BALANCE OF STATE	799.05	243.55	1,042.60	1,990.80	609.40	2,600.20
LINCOLN							
3	SECURITY HEALTH PLAN	799.05	273.75	1,072.80	1,990.80	684.70	2,675.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
*	ARISE HEALTH PLAN	799.05	136.65	935.70	1,990.80	341.90	2,332.70
3	STANDARD PLAN - BALANCE OF STATE	799.05	243.55	1,042.60	1,990.80	609.40	2,600.20
MANITOWOC							
	ANTHEM BLUE NORTHEAST	718.90	-	718.90	1,790.70	-	1,790.70
*	DEAN HEALTH INSURANCE PREVEA360	754.85	51.55	806.40	1,880.24	129.26	2,009.50

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

Coinsurance HMO - Standard PPO - P06

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	754.85	339.95	1,094.80	1,880.24	850.26	2,730.50
	ARISE HEALTH PLAN	754.85	180.85	935.70	1,880.24	452.46	2,332.70
	NETWORK HEALTH	754.85	17.85	772.70	1,880.24	44.96	1,925.20
	WEA TRUST PPO - EAST	754.85	6.15	761.00	1,880.24	15.76	1,896.00
	UNITEDHEALTHCARE	754.85	59.15	814.00	1,880.24	148.26	2,028.50
3	STANDARD PLAN - BALANCE OF STATE	754.85	287.75	1,042.60	1,880.24	719.96	2,600.20
MARATHON							
	ARISE HEALTH PLAN	799.05	136.65	935.70	1,990.80	341.90	2,332.70
3	SECURITY HEALTH PLAN	799.05	273.75	1,072.80	1,990.80	684.70	2,675.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
3	STANDARD PLAN - BALANCE OF STATE	799.05	243.55	1,042.60	1,990.80	609.40	2,600.20
MARINETTE							
	ANTHEM BLUE NORTHEAST	718.90	-	718.90	1,790.70	-	1,790.70
3	HUMANA EASTERN	754.85	339.95	1,094.80	1,880.24	850.26	2,730.50
	ARISE HEALTH PLAN	754.85	180.85	935.70	1,880.24	452.46	2,332.70
	WEA TRUST PPO - EAST	754.85	6.15	761.00	1,880.24	15.76	1,896.00
	UNITEDHEALTHCARE	754.85	59.15	814.00	1,880.24	148.26	2,028.50
*	DEAN HEALTH INSURANCE PREVEA360	754.85	51.55	806.40	1,880.24	129.26	2,009.50
3	STANDARD PLAN - BALANCE OF STATE	754.85	287.75	1,042.60	1,880.24	719.96	2,600.20
MARQUETTE							
	PHYSICIANS PLUS	635.00	-	635.00	1,581.00	-	1,581.00
	WEA TRUST PPO - EAST	666.75	94.25	761.00	1,660.05	235.95	1,896.00
*	UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
*	NETWORK HEALTH	666.75	105.95	772.70	1,660.05	265.15	1,925.20
*	UNITEDHEALTHCARE	666.75	147.25	814.00	1,660.05	368.45	2,028.50
3	STANDARD PLAN - BALANCE OF STATE	666.75	375.85	1,042.60	1,660.05	940.15	2,600.20
MENOMINEE							
*	DEAN HEALTH INSURANCE PREVEA360	772.49	33.91	806.40	1,926.12	83.38	2,009.50
*	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
3	STANDARD PLAN - BALANCE OF STATE	772.49	270.11	1,042.60	1,926.12	674.08	2,600.20
	STATE MAINTENANCE PLAN	735.70	-	735.70	1,834.40	-	1,834.40
MILWAUKEE							
	ANTHEM BLUE SOUTHEAST	771.00	-	771.00	1,921.00	-	1,921.00
3	HUMANA EASTERN	799.05	295.75	1,094.80	1,990.80	739.70	2,730.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
	UNITEDHEALTHCARE	799.05	14.95	814.00	1,990.80	37.70	2,028.50
3	WPS METRO CHOICE SE	799.05	498.95	1,298.00	1,990.80	1,247.70	3,238.50
3	STANDARD PLAN - MILWAUKEE	799.05	328.35	1,127.40	1,990.80	822.50	2,813.30

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

Coinsurance HMO - Standard PPO - P06

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	697.73	23.57	721.30	1,737.44	59.26	1,796.70
	HEALTH TRADITION	664.50	-	664.50	1,654.70	-	1,654.70
3	STANDARD PLAN - BALANCE OF STATE	697.73	344.87	1,042.60	1,737.44	862.76	2,600.20
OCONTO							
	ANTHEM BLUE NORTHEAST	718.90	-	718.90	1,790.70	-	1,790.70
*	DEAN HEALTH INSURANCE PREVEA360	754.85	51.55	806.40	1,880.24	129.26	2,009.50
3	HUMANA EASTERN	754.85	339.95	1,094.80	1,880.24	850.26	2,730.50
	ARISE HEALTH PLAN	754.85	180.85	935.70	1,880.24	452.46	2,332.70
	NETWORK HEALTH	754.85	17.85	772.70	1,880.24	44.96	1,925.20
	WEA TRUST PPO - EAST	754.85	6.15	761.00	1,880.24	15.76	1,896.00
*	UNITEDHEALTHCARE	754.85	59.15	814.00	1,880.24	148.26	2,028.50
3	STANDARD PLAN - BALANCE OF STATE	754.85	287.75	1,042.60	1,880.24	719.96	2,600.20
ONEIDA							
3	SECURITY HEALTH PLAN	799.05	273.75	1,072.80	1,990.80	684.70	2,675.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
*	ARISE HEALTH PLAN	799.05	136.65	935.70	1,990.80	341.90	2,332.70
3	STANDARD PLAN - BALANCE OF STATE	799.05	243.55	1,042.60	1,990.80	609.40	2,600.20
OUTAGAMIE							
	ANTHEM BLUE NORTHEAST	718.90	-	718.90	1,790.70	-	1,790.70
3	HUMANA EASTERN	754.85	339.95	1,094.80	1,880.24	850.26	2,730.50
	ARISE HEALTH PLAN	754.85	180.85	935.70	1,880.24	452.46	2,332.70
	NETWORK HEALTH	754.85	17.85	772.70	1,880.24	44.96	1,925.20
	WEA TRUST PPO - EAST	754.85	6.15	761.00	1,880.24	15.76	1,896.00
	UNITEDHEALTHCARE	754.85	59.15	814.00	1,880.24	148.26	2,028.50
*	DEAN HEALTH INSURANCE PREVEA360	754.85	51.55	806.40	1,880.24	129.26	2,009.50
3	STANDARD PLAN - BALANCE OF STATE	754.85	287.75	1,042.60	1,880.24	719.96	2,600.20
OZAUKEE							
	ANTHEM BLUE SOUTHEAST	771.00	-	771.00	1,921.00	-	1,921.00
3	HUMANA EASTERN	799.05	295.75	1,094.80	1,990.80	739.70	2,730.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
	UNITEDHEALTHCARE	799.05	14.95	814.00	1,990.80	37.70	2,028.50
3	WPS METRO CHOICE SE	799.05	498.95	1,298.00	1,990.80	1,247.70	3,238.50
3	STANDARD PLAN - WAUKESHA	799.05	243.55	1,042.60	1,990.80	609.40	2,600.20
PEPIN							
*	HUMANA WESTERN	772.49	322.31	1,094.80	1,926.12	804.38	2,730.50
*	SECURITY HEALTH PLAN	772.49	300.31	1,072.80	1,926.12	749.38	2,675.50
*	WEA TRUST PPO - NORTHWEST	772.49	118.01	890.50	1,926.12	293.58	2,219.70
3	STANDARD PLAN - BALANCE OF STATE	772.49	270.11	1,042.60	1,926.12	674.08	2,600.20
	STATE MAINTENANCE PLAN	735.70	-	735.70	1,834.40	-	1,834.40

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

Coinsurance HMO - Standard PPO - P06

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	842.60	-	842.60	2,100.00	-	2,100.00
	WEA TRUST PPO - NORTHWEST	884.73	5.77	890.50	2,205.00	14.70	2,219.70
	WPS METRO CHOICE NW	884.73	185.27	1,070.00	2,205.00	463.50	2,668.50
*	HUMANA WESTERN	884.73	210.07	1,094.80	2,205.00	525.50	2,730.50
3	STANDARD PLAN - BALANCE OF STATE	884.73	157.87	1,042.60	2,205.00	395.20	2,600.20
POLK							
	HEALTHPARTNERS	842.60	-	842.60	2,100.00	-	2,100.00
	WEA TRUST PPO - NORTHWEST	884.73	5.77	890.50	2,205.00	14.70	2,219.70
	WPS METRO CHOICE NW	884.73	185.27	1,070.00	2,205.00	463.50	2,668.50
*	HUMANA WESTERN	884.73	210.07	1,094.80	2,205.00	525.50	2,730.50
3	STANDARD PLAN - DANE	884.73	83.07	967.80	2,205.00	209.90	2,414.90
PORTAGE							
3	SECURITY HEALTH PLAN	799.05	273.75	1,072.80	1,990.80	684.70	2,675.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
*	ARISE HEALTH PLAN	799.05	136.65	935.70	1,990.80	341.90	2,332.70
3	STANDARD PLAN - BALANCE OF STATE	799.05	243.55	1,042.60	1,990.80	609.40	2,600.20
PRICE							
3	SECURITY HEALTH PLAN	799.05	273.75	1,072.80	1,990.80	684.70	2,675.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
3	STANDARD PLAN - BALANCE OF STATE	799.05	243.55	1,042.60	1,990.80	609.40	2,600.20
RACINE							
	ANTHEM BLUE SOUTHEAST	771.00	-	771.00	1,921.00	-	1,921.00
3	HUMANA EASTERN	799.05	295.75	1,094.80	1,990.80	739.70	2,730.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
	UNITEDHEALTHCARE	799.05	14.95	814.00	1,990.80	37.70	2,028.50
3	WPS METRO CHOICE SE	799.05	498.95	1,298.00	1,990.80	1,247.70	3,238.50
3	STANDARD PLAN - WAUKESHA	799.05	243.55	1,042.60	1,990.80	609.40	2,600.20
RICHLAND							
	DEAN HEALTH INSURANCE	615.41	44.09	659.50	1,531.64	110.56	1,642.20
	GUNDERSEN HEALTH PLAN	615.41	105.89	721.30	1,531.64	265.06	1,796.70
	UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
	HEALTH TRADITION	615.41	49.09	664.50	1,531.64	123.06	1,654.70
	PHYSICIANS PLUS	615.41	19.59	635.00	1,531.64	49.36	1,581.00
3	STANDARD PLAN - BALANCE OF STATE	615.41	427.19	1,042.60	1,531.64	1,068.56	2,600.20

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

Coinsurance HMO - Standard PPO - P06

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	572.88	198.12	771.00	1,425.38	495.62	1,921.00
		DEAN HEALTH INSURANCE	572.88	86.62	659.50	1,425.38	216.82	1,642.20
	3	HUMANA EASTERN	572.88	521.92	1,094.80	1,425.38	1,305.12	2,730.50
		UNITY COMMUNITY	572.88	13.22	586.10	1,425.38	33.32	1,458.70
		MERCYCARE HEALTH PLAN	545.60	-	545.60	1,357.50	-	1,357.50
		WEA TRUST PPO - EAST	572.88	188.12	761.00	1,425.38	470.62	1,896.00
		UNITEDHEALTHCARE	572.88	241.12	814.00	1,425.38	603.12	2,028.50
	*	PHYSICIANS PLUS	572.88	62.12	635.00	1,425.38	155.62	1,581.00
	3	STANDARD PLAN - BALANCE OF STATE	572.88	469.72	1,042.60	1,425.38	1,174.82	2,600.20
RUSK								
	3	SECURITY HEALTH PLAN	935.03	137.77	1,072.80	2,330.69	344.81	2,675.50
		WEA TRUST PPO - NORTHWEST	890.50	-	890.50	2,219.70	-	2,219.70
		WPS METRO CHOICE NW	935.03	134.97	1,070.00	2,330.69	337.81	2,668.50
	3	STANDARD PLAN - BALANCE OF STATE	935.03	107.57	1,042.60	2,330.69	269.51	2,600.20
SAUK								
		DEAN HEALTH INSURANCE	615.41	44.09	659.50	1,531.64	110.56	1,642.20
		GUNDERSEN HEALTH PLAN	615.41	105.89	721.30	1,531.64	265.06	1,796.70
		UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
		HEALTH TRADITION	615.41	49.09	664.50	1,531.64	123.06	1,654.70
		PHYSICIANS PLUS	615.41	19.59	635.00	1,531.64	49.36	1,581.00
	3	STANDARD PLAN - BALANCE OF STATE	615.41	427.19	1,042.60	1,531.64	1,068.56	2,600.20
SAWYER								
		GHC EAU CLAIRE	935.03	142.27	1,077.30	2,330.69	356.01	2,686.70
	3	SECURITY HEALTH PLAN	935.03	137.77	1,072.80	2,330.69	344.81	2,675.50
		WEA TRUST PPO - NORTHWEST	890.50	-	890.50	2,219.70	-	2,219.70
SAWYER	*	GUNDERSEN HEALTH PLAN	721.30	-	721.30	1,796.70	-	1,796.70
	*	HEALTHPARTNERS	842.60	-	842.60	2,100.00	-	2,100.00
	*	WPS METRO CHOICE NW	935.03	134.97	1,070.00	2,330.69	337.81	2,668.50
	3	STANDARD PLAN - BALANCE OF STATE	935.03	107.57	1,042.60	2,330.69	269.51	2,600.20
SHAWANO								
		ANTHEM BLUE NORTHEAST	718.90	-	718.90	1,790.70	-	1,790.70
	3	HUMANA EASTERN	754.85	339.95	1,094.80	1,880.24	850.26	2,730.50
		ARISE HEALTH PLAN	754.85	180.85	935.70	1,880.24	452.46	2,332.70
		NETWORK HEALTH	754.85	17.85	772.70	1,880.24	44.96	1,925.20
		WEA TRUST PPO - EAST	754.85	6.15	761.00	1,880.24	15.76	1,896.00
		UNITEDHEALTHCARE	754.85	59.15	814.00	1,880.24	148.26	2,028.50
	*	DEAN HEALTH INSURANCE PREVEA360	754.85	51.55	806.40	1,880.24	129.26	2,009.50
	3	STANDARD PLAN - BALANCE OF STATE	754.85	287.75	1,042.60	1,880.24	719.96	2,600.20

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

Coinsurance HMO - Standard PPO - P06

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	718.90	-	718.90	1,790.70	-	1,790.70
*	DEAN HEALTH INSURANCE PREVEA360	754.85	51.55	806.40	1,880.24	129.26	2,009.50
3	HUMANA EASTERN	754.85	339.95	1,094.80	1,880.24	850.26	2,730.50
	ARISE HEALTH PLAN	754.85	180.85	935.70	1,880.24	452.46	2,332.70
	NETWORK HEALTH	754.85	17.85	772.70	1,880.24	44.96	1,925.20
	WEA TRUST PPO - EAST	754.85	6.15	761.00	1,880.24	15.76	1,896.00
	UNITEDHEALTHCARE	754.85	59.15	814.00	1,880.24	148.26	2,028.50
3	STANDARD PLAN - BALANCE OF STATE	754.85	287.75	1,042.60	1,880.24	719.96	2,600.20
ST. CROIX							
	HUMANA WESTERN	884.73	210.07	1,094.80	2,205.00	525.50	2,730.50
	HEALTHPARTNERS	842.60	-	842.60	2,100.00	-	2,100.00
	WEA TRUST PPO - NORTHWEST	884.73	5.77	890.50	2,205.00	14.70	2,219.70
	WPS METRO CHOICE NW	884.73	185.27	1,070.00	2,205.00	463.50	2,668.50
3	STANDARD PLAN - DANE	884.73	83.07	967.80	2,205.00	209.90	2,414.90
TAYLOR							
	ARISE HEALTH PLAN	799.05	136.65	935.70	1,990.80	341.90	2,332.70
3	SECURITY HEALTH PLAN	799.05	273.75	1,072.80	1,990.80	684.70	2,675.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
3	STANDARD PLAN - BALANCE OF STATE	799.05	243.55	1,042.60	1,990.80	609.40	2,600.20
TREMPEALEAU							
	GUNDERSEN HEALTH PLAN	721.30	-	721.30	1,796.70	-	1,796.70
	WEA TRUST PPO - NORTHWEST	757.37	133.13	890.50	1,886.54	333.16	2,219.70
*	HEALTH TRADITION	664.50	-	664.50	1,654.70	-	1,654.70
3	STANDARD PLAN - BALANCE OF STATE	757.37	285.23	1,042.60	1,886.54	713.66	2,600.20
VERNON							
	GUNDERSEN HEALTH PLAN	615.41	105.89	721.30	1,531.64	265.06	1,796.70
	UNITY COMMUNITY	586.10	-	586.10	1,458.70	-	1,458.70
	HEALTH TRADITION	615.41	49.09	664.50	1,531.64	123.06	1,654.70
*	DEAN HEALTH INSURANCE	615.41	44.09	659.50	1,531.64	110.56	1,642.20
3	STANDARD PLAN - BALANCE OF STATE	615.41	427.19	1,042.60	1,531.64	1,068.56	2,600.20
VILAS							
3	SECURITY HEALTH PLAN	772.49	300.31	1,072.80	1,926.12	749.38	2,675.50
*	ARISE HEALTH PLAN	772.49	163.21	935.70	1,926.12	406.58	2,332.70
*	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
3	STANDARD PLAN - BALANCE OF STATE	772.49	270.11	1,042.60	1,926.12	674.08	2,600.20
	STATE MAINTENANCE PLAN	735.70	-	735.70	1,834.40	-	1,834.40

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

Coinsurance HMO - Standard PPO - P06

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	572.88	198.12	771.00	1,425.38	495.62	1,921.00
3	HUMANA EASTERN	572.88	521.92	1,094.80	1,425.38	1,305.12	2,730.50
	UNITY COMMUNITY	572.88	13.22	586.10	1,425.38	33.32	1,458.70
	MERCYCARE HEALTH PLAN	545.60	-	545.60	1,357.50	-	1,357.50
	WEA TRUST PPO - EAST	572.88	188.12	761.00	1,425.38	470.62	1,896.00
	UNITEDHEALTHCARE	572.88	241.12	814.00	1,425.38	603.12	2,028.50
*	DEAN HEALTH INSURANCE	572.88	86.62	659.50	1,425.38	216.82	1,642.20
*	PHYSICIANS PLUS	572.88	62.12	635.00	1,425.38	155.62	1,581.00
3	STANDARD PLAN - BALANCE OF STATE	572.88	469.72	1,042.60	1,425.38	1,174.82	2,600.20
WASHBURN							
	GHC EAU CLAIRE	935.03	142.27	1,077.30	2,330.69	356.01	2,686.70
3	SECURITY HEALTH PLAN	935.03	137.77	1,072.80	2,330.69	344.81	2,675.50
	WEA TRUST PPO - NORTHWEST	890.50	-	890.50	2,219.70	-	2,219.70
	WPS METRO CHOICE NW	935.03	134.97	1,070.00	2,330.69	337.81	2,668.50
*	GUNDERSEN HEALTH PLAN	721.30	-	721.30	1,796.70	-	1,796.70
*	HEALTHPARTNERS	842.60	-	842.60	2,100.00	-	2,100.00
3	STANDARD PLAN - BALANCE OF STATE	935.03	107.57	1,042.60	2,330.69	269.51	2,600.20
WASHINGTON							
	ANTHEM BLUE SOUTHEAST	771.00	-	771.00	1,921.00	-	1,921.00
3	HUMANA EASTERN	799.05	295.75	1,094.80	1,990.80	739.70	2,730.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
	UNITEDHEALTHCARE	799.05	14.95	814.00	1,990.80	37.70	2,028.50
3	WPS METRO CHOICE SE	799.05	498.95	1,298.00	1,990.80	1,247.70	3,238.50
3	STANDARD PLAN - WAUKESHA	799.05	243.55	1,042.60	1,990.80	609.40	2,600.20
WAUKESHA							
	ANTHEM BLUE SOUTHEAST	771.00	-	771.00	1,921.00	-	1,921.00
*	DEAN HEALTH INSURANCE	659.50	-	659.50	1,642.20	-	1,642.20
3	HUMANA EASTERN	799.05	295.75	1,094.80	1,990.80	739.70	2,730.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
	UNITEDHEALTHCARE	799.05	14.95	814.00	1,990.80	37.70	2,028.50
3	WPS METRO CHOICE SE	799.05	498.95	1,298.00	1,990.80	1,247.70	3,238.50
3	STANDARD PLAN - WAUKESHA	799.05	243.55	1,042.60	1,990.80	609.40	2,600.20
WAUPACA							
	ANTHEM BLUE NORTHEAST	718.90	-	718.90	1,790.70	-	1,790.70
3	HUMANA EASTERN	754.85	339.95	1,094.80	1,880.24	850.26	2,730.50
	ARISE HEALTH PLAN	754.85	180.85	935.70	1,880.24	452.46	2,332.70
	NETWORK HEALTH	754.85	17.85	772.70	1,880.24	44.96	1,925.20
3	SECURITY HEALTH PLAN	754.85	317.95	1,072.80	1,880.24	795.26	2,675.50
	WEA TRUST PPO - EAST	754.85	6.15	761.00	1,880.24	15.76	1,896.00
	UNITEDHEALTHCARE	754.85	59.15	814.00	1,880.24	148.26	2,028.50
3	STANDARD PLAN - BALANCE OF STATE	754.85	287.75	1,042.60	1,880.24	719.96	2,600.20

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

Coinsurance HMO - Standard PPO - P06

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	666.75	52.15	718.90	1,660.05	130.65	1,790.70
3	HUMANA EASTERN	666.75	428.05	1,094.80	1,660.05	1,070.45	2,730.50
	NETWORK HEALTH	666.75	105.95	772.70	1,660.05	265.15	1,925.20
3	SECURITY HEALTH PLAN	666.75	406.05	1,072.80	1,660.05	1,015.45	2,675.50
	PHYSICIANS PLUS	635.00	-	635.00	1,581.00	-	1,581.00
	WEA TRUST PPO - EAST	666.75	94.25	761.00	1,660.05	235.95	1,896.00
	UNITEDHEALTHCARE	666.75	147.25	814.00	1,660.05	368.45	2,028.50
3	STANDARD PLAN - BALANCE OF STATE	666.75	375.85	1,042.60	1,660.05	940.15	2,600.20
WINNEBAGO							
	ANTHEM BLUE NORTHEAST	718.90	-	718.90	1,790.70	-	1,790.70
3	HUMANA EASTERN	754.85	339.95	1,094.80	1,880.24	850.26	2,730.50
	ARISE HEALTH PLAN	754.85	180.85	935.70	1,880.24	452.46	2,332.70
	NETWORK HEALTH	754.85	17.85	772.70	1,880.24	44.96	1,925.20
	WEA TRUST PPO - EAST	754.85	6.15	761.00	1,880.24	15.76	1,896.00
	UNITEDHEALTHCARE	754.85	59.15	814.00	1,880.24	148.26	2,028.50
3	STANDARD PLAN - BALANCE OF STATE	754.85	287.75	1,042.60	1,880.24	719.96	2,600.20
WOOD							
	ARISE HEALTH PLAN	799.05	136.65	935.70	1,990.80	341.90	2,332.70
3	SECURITY HEALTH PLAN	799.05	273.75	1,072.80	1,990.80	684.70	2,675.50
	WEA TRUST PPO - EAST	761.00	-	761.00	1,896.00	-	1,896.00
3	STANDARD PLAN - BALANCE OF STATE	799.05	243.55	1,042.60	1,990.80	609.40	2,600.20