

WISCONSIN PUBLIC EMPLOYERS (LOCAL) GROUP HEALTH INSURANCE PROGRAM
2016 MONTHLY PREMIUM RATES

Plan Name	Traditional (P12)		Deductible (P14)		Coinsurance (P15)		HBHP (P17)		Medicare 1-Eligible	Medicare 2-Eligible
	Regular Single	Regular Family	Regular Single	Regular Family	Regular Single	Regular Family	Regular Single	Regular Family		
WITHOUT DENTAL										
ATHEM BLUE PREFERRED NORTHEAST	714.00	1,776.20	665.60	1,655.20	677.70	1,685.40	579.50	1,439.50	564.40	1,122.90
ATHEM BLUE PREFERRED SOUTHEAST	797.80	1,985.70	742.70	1,847.90	756.50	1,862.40	647.30	1,609.40	606.30	1,267.70
ARISE HEALTH PLAN	1,014.80	2,528.20	942.30	2,346.90	960.50	2,392.40	823.10	2,048.80	714.80	1,423.70
ARISE HEALTH PLAN - ASPRUS	1,061.70	2,645.40	985.50	2,459.50	1,004.50	2,502.40	861.10	2,143.50	748.30	1,593.50
DEAN HEALTH INSURANCE	787.30	1,834.40	687.00	1,708.70	699.60	1,740.20	598.30	1,486.90	568.60	1,131.30
DEAN HEALTH INSURANCE - PREVEX360	713.20	1,774.20	664.90	1,653.40	677.00	1,683.70	578.80	1,488.20	556.80	1,107.70
ERIC OF SAU CLAIRE	1,027.80	2,560.70	954.30	2,376.90	972.70	2,422.90	833.60	2,075.20	611.10	1,216.30
ERIC OF SOUTH-CENTRAL WISCONSIN	657.90	1,635.90	614.00	1,528.20	625.00	1,589.70	534.00	1,326.20	536.40	1,066.90
GUINDENSEN HEALTH PLAN	804.30	2,001.90	748.70	1,862.90	762.60	1,897.50	652.60	1,622.70	490.70	1,079.50
HEALTHPARTNERS HEALTH PLAN	911.80	2,270.70	847.60	2,110.20	868.60	2,150.70	739.70	1,840.40	642.10	1,278.30
HEALTH TRADITION HEALTH PLAN	708.10	1,748.90	655.60	1,630.20	667.50	1,659.90	570.60	1,417.70	542.60	1,079.30
HUMANA - EASTERN	1,191.80	2,970.70	1,105.20	2,754.20	1,126.80	2,808.70	966.50	2,407.40	850.60	1,895.30
HUMANA - WESTERN	1,246.70	3,107.90	1,155.70	2,880.40	1,178.40	2,937.20	1,011.00	2,518.70	895.30	1,951.50
MEDICAL ASSOCIATES HEALTH PLANS	662.20	1,646.70	618.00	1,536.20	629.00	1,563.70	537.50	1,394.90	462.70	1,065.80
MERCY CARE HEALTH PLANS	695.20	1,729.20	648.30	1,611.90	660.00	1,641.20	564.20	1,401.70	511.10	1,016.30
NETWORK HEALTH - NORTHWEST	760.10	1,891.40	708.00	1,761.20	721.00	1,793.70	616.80	1,533.20	587.40	1,268.90
NETWORK HEALTH - SOUTHEAST	811.40	2,019.70	755.20	1,879.20	769.30	1,914.40	658.40	1,697.20	613.10	1,220.30
PHYSICIANS PLUS	715.40	1,779.70	666.90	1,658.40	679.00	1,688.70	580.60	1,442.70	565.10	1,124.30
SECURITY HEALTH PLAN	1,063.60	2,650.20	987.20	2,459.20	1,006.30	2,506.90	852.60	2,143.70	607.80	1,209.70
UNITED HEALTHCARE OF WISCONSIN	907.60	2,260.20	843.70	2,100.40	859.70	2,140.40	736.30	1,831.90	646.80	1,287.70
UNITY HEALTH INSURANCE - COMMUNITY	678.60	1,687.70	633.00	1,573.70	644.40	1,602.20	550.80	1,368.20	518.30	1,030.70
UNITY HEALTH INSURANCE - UIW HEALTH	630.20	1,541.70	579.30	1,468.40	589.50	1,464.99	503.50	1,249.90	492.00	978.10
WEA TRUST - EAST	817.90	2,035.90	761.20	1,894.20	775.40	1,929.70	663.60	1,650.20	510.10	1,014.30
WEA TRUST - NORTHWEST CHIPPEWA VALLEY	1,043.10	2,598.90	968.40	2,412.20	987.10	2,458.90	846.00	2,106.26	589.90	1,171.90
WEA TRUST - NORTHWEST IMATIO CLINIC HLTH SYS	1,043.10	2,598.90	968.40	2,412.20	987.10	2,458.90	846.00	2,106.20	589.90	1,171.90
WEA TRUST - SOUTH CENTRAL	623.50	1,510.90	582.30	1,466.90	592.60	1,472.70	506.30	1,256.70	443.00	978.10
STATE MAINTENANCE PLAN (SMP)	810.80	2,020.10	777.30	1,936.40	766.20	1,908.60	682.10	1,698.40	621.30	1,220.70
STANDARD PLAN - DAINE	1,130.00	2,818.90	1,084.80	2,705.80	1,069.80	2,668.30	922.30	2,306.70	854.50	904.50
STANDARD PLAN - MILWAUKEE	1,319.70	3,293.00	1,263.20	3,151.80	1,244.30	3,104.30	1,076.00	2,694.90	454.50	904.50
STANDARD PLAN - WAUKESHA	1,219.30	3,042.00	1,166.80	2,915.80	1,152.00	2,873.80	994.70	2,483.70	454.50	904.50
STANDARD PLAN - BALANCE OF STATE	1,219.30	3,042.00	1,168.80	2,915.80	1,152.00	2,873.80	994.70	2,483.70	454.50	904.50
MEDICARE PLUS										
(w/SMC 1-Eligible)										
MEDICARE PLUS - DAINE										
(w/Standard Plan 1-Eligible)										
MEDICARE PLUS - MILWAUKEE										
(w/Standard Plan 1-Eligible)										
MEDICARE PLUS - WAUKESHA										
(w/Standard Plan 1-Eligible)										
MEDICARE PLUS - BALANCE OF STATE										
(w/Standard Plan 1-Eligible)										

2016 Premiums - Wisconsin Public Employers Group Health Insurance Program

3 = Tier 3 Plan * = Not In Calculation - Plan Not Qualified in County
AND/OR 1st Year in Service Area (marked with ^)

IYC Local Traditional; No Dental - P12
88% of the Tier 1 Qualified Plans' Average Premium

	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
LACROSSE						
GUNDERSEN HEALTH PLAN	761.71	42.59	804.30	1,896.49	105.41	2,001.90
HEALTH TRADITION HEALTH PLAN	703.10	-	703.10	1,748.90	-	1,748.90
HEALTHPARTNERS HEALTH PLAN	761.71	150.09	911.80	1,896.49	374.21	2,270.70
WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	761.71	281.39	1,043.10	1,896.49	702.41	2,598.90
³ STANDARD PLAN - DANE	761.71	368.29	1,130.00	1,896.49	922.31	2,818.80
LAFAYETTE						
* DEAN HEALTH INSURANCE	629.55	107.75	737.30	1,566.14	268.26	1,834.40
* MEDICAL ASSOCIATES HEALTH PLANS	629.55	32.65	662.20	1,566.14	80.56	1,646.70
PHYSICIANS PLUS	629.55	85.85	715.40	1,566.14	213.56	1,779.70
* UNITY HEALTH INSURANCE - COMMUNITY	629.55	49.05	678.60	1,566.14	121.56	1,687.70
³ STANDARD PLAN - BALANCE OF STATE	629.55	589.75	1,219.30	1,566.14	1,475.86	3,042.00
LANGLADE						
ARISE ASPIRUS	893.02	121.78	1,014.80	2,224.82	303.38	2,528.20
³ GHC OF EAU CLAIRE	893.02	134.78	1,027.80	2,224.82	335.88	2,560.70
* HEALTHPARTNERS HEALTH PLAN	893.02	18.78	911.80	2,224.82	45.88	2,270.70
³ SECURITY HEALTH PLAN	893.02	170.58	1,063.60	2,224.82	425.38	2,650.20
³ STANDARD PLAN - BALANCE OF STATE	893.02	326.28	1,219.30	2,224.82	817.18	3,042.00
LINCOLN						
* ARISE ASPIRUS	802.38	212.42	1,014.80	1,998.22	529.98	2,528.20
³ GHC OF EAU CLAIRE	802.38	225.42	1,027.80	1,998.22	562.48	2,560.70
HEALTHPARTNERS HEALTH PLAN	802.38	109.42	911.80	1,998.22	272.48	2,270.70
³ SECURITY HEALTH PLAN	802.38	261.22	1,063.60	1,998.22	651.98	2,650.20
³ STANDARD PLAN - BALANCE OF STATE	802.38	416.92	1,219.30	1,998.22	1,043.78	3,042.00
MANITOWOC						
ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
ARISE HEALTH PLAN	729.59	332.11	1,061.70	1,816.22	829.18	2,645.40
DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
³ HUMANA - EASTERN	729.59	462.21	1,191.80	1,816.22	1,154.48	2,970.70
NETWORK HEALTH NORTHEAST	729.59	30.51	760.10	1,816.22	75.18	1,891.40
UNITEDHEALTHCARE OF WISCONSIN	729.59	178.01	907.60	1,816.22	443.98	2,260.20
WEA TRUST - EAST	729.59	88.31	817.90	1,816.22	219.68	2,035.90
³ STANDARD PLAN - BALANCE OF STATE	729.59	489.71	1,219.30	1,816.22	1,225.78	3,042.00
MARATHON						
ARISE ASPIRUS	805.05	209.75	1,014.80	2,004.87	523.33	2,528.20
³ GHC OF EAU CLAIRE	805.05	222.75	1,027.80	2,004.87	555.83	2,560.70
HEALTHPARTNERS HEALTH PLAN	805.05	106.75	911.80	2,004.87	265.83	2,270.70
³ SECURITY HEALTH PLAN	805.05	258.55	1,063.60	2,004.87	645.33	2,650.20
WEA TRUST - EAST	805.05	12.85	817.90	2,004.87	31.03	2,035.90
³ STANDARD PLAN - BALANCE OF STATE	805.05	414.25	1,219.30	2,004.87	1,037.13	3,042.00
MARINETTE						
ANTHEM BLUE PREFERRED NORTHEAST	714.00	-	714.00	1,776.20	-	1,776.20
ARISE HEALTH PLAN	787.10	274.60	1,061.70	1,959.99	685.41	2,645.40
* DEAN HEALTH INSURANCE - PREVEA360	713.20	-	713.20	1,774.20	-	1,774.20
³ HUMANA - EASTERN	787.10	404.70	1,191.80	1,959.99	1,010.71	2,970.70
UNITEDHEALTHCARE OF WISCONSIN	787.10	120.50	907.60	1,959.99	300.21	2,260.20
³ STANDARD PLAN - BALANCE OF STATE	787.10	432.20	1,219.30	1,959.99	1,082.01	3,042.00