

2022 STATE OF WISCONSIN GROUP HEALTH INSURANCE MONTHLY PREMIUM RATES:

WISCONSIN PUBLIC EMPLOYERS (LOCAL) PROGRAM OPTION 14: DEDUCTIBLE PLAN WITHOUT DENTAL

	Single	Family	All CG's except: 41 & 42	
	633.62	1,552.98		
88% of Average	Employee Single	Employee Family	Employer Single	Employer Family
DEAN	\$147.42	\$364.30	\$633.62	\$1,552.98
GHC	\$35.74	\$85.10	\$633.62	\$1,552.98
QUARTZ CENTRAL	\$364.70	\$907.50	\$633.62	\$1,552.98
QUARTZ UW HEALTH	\$76.06	\$185.90	\$633.62	\$1,552.98
QUARTZ WEST	\$205.32	\$509.06	\$633.62	\$1,552.98
MERCYCARE	\$54.56	\$132.16	\$633.62	\$1,552.98

(Only Compensation Groups 41 & 42)				
	Single	Family	Includes only: CG's 41 & 42	
	669.36	1,638.08		
100% of Low	Employee Single	Employee Family	Employer Single	Employer Family
DEAN	\$111.68	\$279.20	\$669.36	\$1,638.08
GHC	\$0.00	\$0.00	\$669.36	\$1,638.08
QUARTZ CENTRAL	\$328.96	\$822.40	\$669.36	\$1,638.08
QUARTZ - UW HEALTH	\$40.32	\$100.80	\$669.36	\$1,638.08
QUARTZ WEST	\$169.58	\$423.96	\$669.36	\$1,638.08
MERCYCARE	\$18.82	\$47.06	\$669.36	\$1,638.08

*These rates are for employees certified at 100% for benefits. Expanded rate sheets for those certified at less than 100% may be found on the City Human Resources Benefits Website.

NOTES ON THE ABOVE INFORMATION

- 1) Compensation Groups 41 & 42 are Teamsters-represented employees.
- 2) Employees may choose from any of the health plans listed under Employee Trust Funds Program Option 14. The required contribution amounts are provided for the most commonly selected plans.
- 3) To determine the employee contribution to monthly premium for any of the other available plans, subtract the maximum Employer contribution amount for your compensation group for the selected coverage level from the total premium for the selected plan.
- 4) Dean Health Plan, GHC of South Central Wisconsin, and Quartz UW Health are the qualified Tier 1 plans in the Dane County Service Area that factor into the maximum Employer contribution under the 88% of Average calculation.
- 5) GHC of South Central Wisconsin is the lowest cost plan for the 2022 plan year.

WPE (Local) Deductible without Dental PO14		
Plan Name	Single	Family
ASPIRUS HEALTH PLAN	1,024.82	2,526.74
DEAN HEALTH PLAN	781.04	1,917.28
DEAN HEALTH PLAN - PREVEA360	773.92	1,899.48
GHC OF EAU CLAIRE	793.62	1,948.74
GHC OF SOUTH CENTRAL WISCONSIN	669.36	1,638.08
HEALTHPARTNERS HEALTH PLAN	1,048.40	2,585.68
MEDICAL ASSOCIATES HEALTH PLANS	728.66	1,786.34
MERCYCARE HEALTH PLANS	688.18	1,685.14
NETWORK HEALTH	812.30	1,995.44
QUARTZ CENTRAL	998.32	2,460.48
QUARTZ UW HEALTH	709.68	1,738.88
QUARTZ WEST	838.94	2,062.04
ROBIN WITH HEALTHPARTNERS	1,091.48	2,693.38
STATE MAINTENANCE PLAN (SMP) WPE [WEA TRUST]	923.52	2,273.50
WEA TRUST EAST	951.20	2,342.68
WEA TRUST WEST - CHIPPEWA VALLEY	1,082.12	2,669.98
WEA TRUST WEST - MAYO CLINIC HEALTH SYSTEM	1,066.00	2,629.68
IYC ACCESS PLAN WPE [WEA TRUST]	1,138.28	2,810.40