

2023 STATE OF WISCONSIN GROUP HEALTH INSURANCE MONTHLY PREMIUM RATES:

	Single	Family	All CG's except: 41 & 42	
	662.95	1,628.37		
88% of Average	Employee Single	Employee Family	Employer Single	Employer Family
DEAN	\$137.33	\$339.39	\$662.95	\$1,628.37
GHC	\$28.55	\$67.43	\$662.95	\$1,628.37
QUARTZ CENTRAL	\$485.65	\$1,210.19	\$662.95	\$1,628.37
QUARTZ UW HEALTH	\$105.31	\$259.33	\$662.95	\$1,628.37
QUARTZ WEST	\$250.71	\$622.83	\$662.95	\$1,628.37
MERCYCARE	\$66.47	\$162.23	\$662.95	\$1,628.37

*Employee & Employer Contributions for Teamsters Local 695:				
	Single	Family	Includes only: CG's 41 & 42	
	691.50	1,695.80		
100% of Low	Employee Single	Employee Family	Employer Single	Employer Family
DEAN	\$108.78	\$271.96	\$691.50	\$1,695.80
GHC	\$0.00	\$0.00	\$691.50	\$1,695.80
QUARTZ CENTRAL	\$457.10	\$1,142.76	\$691.50	\$1,695.80
QUARTZ - UW HEALTH	\$76.76	\$191.90	\$691.50	\$1,695.80
QUARTZ WEST	\$222.16	\$555.40	\$691.50	\$1,695.80
MERCYCARE	\$37.92	\$94.80	\$691.50	\$1,695.80

*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
- 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 2023 plan year.

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

WPE (Local) Deductible without Dental PO14		
Plan Name	Single	Family
ASPIRUS HEALTH PLAN	1,087.64	2,686.16
DEAN HEALTH PLAN	800.28	1,967.76
DEAN HEALTH PLAN - PREVEA360 EAST	811.66	1,996.20
DEAN HEALTH PLAN PREVEA360 WEST and MAYO CLINIC HEALTH SYSTEMS	927.36	2,285.46
GHC OF SOUTH CENTRAL WISCONSIN	691.50	1,695.80
GHC OF EAU CLAIRE GREATER WISCONSIN	808.76	1,988.96
GHC OF EAU CLAIRE RIVER REGION	1,048.12	2,587.36
HEALTHPARTNERS HEALTH PLAN SOUTHEAST	1,103.44	2,725.66
HEALTHPARTNERS HEALTH PLAN WEST	1,071.92	2,646.86
MEDICAL ASSOCIATES HEALTH PLANS	734.26	1,802.70
QUARTZ UW HEALTH	768.26	1,887.70
QUARTZ WEST	913.66	2,251.20
QUARTZ CENTRAL	1,148.60	2,838.56
MERCYCARE HEALTH PLANS	729.42	1,790.60
NETWORK HEALTH	861.14	2,119.90
ROBIN with HEALTHPARTNERS	1,237.30	3,060.30
STATE MAINTENANCE PLAN (SMP) DEAN	871.36	2,145.50
IYC ACCESS PLAN WPE [DEAN]	1,074.96	2,654.48
SECURITY HEALTH PLAN	1,138.08	2,812.26