



# Employer *Bulletin*

Employer Communication Center (608) 264-7900 Toll free: 1-888-681-3952 <http://etf.wi.gov>

Introducing the new look of your *Employer Bulletin*

## Consider Participating in the Wisconsin Public Employers Group Health Insurance Program

Now is the time for you to consider joining the Wisconsin Public Employers (WPE) Group Health Insurance Program, authorized by the Group Insurance Board and available to employers participating in the Wisconsin Retirement System (WRS). The program, administered by the Department of Employee Trust Funds (ETF), offers the following benefits:

- Competitive health insurance premium rates;
- One-stop shopping for access to more than twenty health plan service areas statewide; and
- A successful prescription drug benefit program administered by a pharmacy benefits manager (PBM) that is credited with saving state and local employers millions of dollars in prescription drug costs over the past four years.

To support its commitment to establish and maintain quality, long-term partnerships with

participating local government employers, ETF offers the following program options:

### 1. Traditional Health Maintenance Organization (HMO) Option paired with the Classic Standard Plan

Under this program option, participants select from:

- HMOs that administer traditional Uniform Benefits.
- Classic Standard Plan with a deductible and coinsurance (participant pays percentage of costs) on major medical services only, such as durable medical equipment, physical/speech/occupational therapy, medical services and supplies, and cardiac rehabilitation.
- State Maintenance Plan (SMP), where applicable, with a deductible and coinsurance on major medical services only.

### 2. Traditional HMO Option paired with the Standard Preferred Provider Plan (PPP)

Under this program option, participants select from:

- HMOs that administer traditional Uniform Benefits.
- Standard PPP for which the benefit level (i.e., up-front deductible and coinsurance) depends on whether the services

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are from an in-network provider or an out-of-network provider.

- SMP, where applicable, with a deductible and coinsurance on major medical services only.

The Standard PPP is a Standard Plan that offers a preferred provider network and is administered by WPS Health Insurance. The Standard PPP option, available at a lower premium rate, allows participants to see any provider of their choice, but with differences in out-of-pocket costs depending on whether participants go to an in-network or an out-of-network provider.

### 3. Deductible HMO Option paired with the Deductible Standard Plan

Under this program option, participants select from:

- HMOs that administer Uniform Benefits with an up-front deductible on all medical services.
- Deductible Standard Plan with an up-front deductible and coinsurance on all medical services.
- SMP, where applicable, with an up-front deductible on all medical services.

This deductible option is for both Uniform Benefits (benefit structure offered by the HMOs) and the Standard Plan, offering premium rates lower than the traditional option rates. (Note: The deductibles do not apply to pharmacy benefits.) Under this program, features of the deductible options include:

1. Deductible Uniform Benefit option: This option has an up-front deductible of \$500 individual / \$1,000 family per calendar year for medical services. Once the deductible has been met, the traditional benefits are administered as described in Uniform Benefits.

AND

2. Deductible Standard Plan: This program continues to offer participants the choice to see any provider with up-front

deductible and coinsurance amounts on all medical services. (The Classic Standard Plan has deductible and coinsurance amounts on major medical services only.)

### 4. Deductible HMO Option paired with the Deductible Standard PPP

Under this program option, participants select from:

- HMOs that administer the Uniform Benefits with an up-front deductible on all medical services.
- Deductible Standard PPP for which the benefit level (i.e., up-front deductible and coinsurance) depends on whether the services are from an in-network provider or an out-of-network provider.
- SMP, where applicable, with an up-front deductible on all medical services.

The deductible option is for both Uniform Benefits and the Standard PPP, offering premium rates that are lower than the traditional option rates. (Note: The deductibles do not apply to pharmacy benefits.) Under this program, features of the deductible options include:

1. Deductible Uniform Benefit option: This option has an up-front deductible of \$500 individual / \$1,000 family per calendar year for medical services. Once the deductible has been met, the traditional benefits are administered as described in Uniform Benefits.

AND

2. Deductible Standard PPP: This PPP program operates as does the Standard PPP, but has larger deductible and coinsurance costs to allow greater premium savings.

The following chart summarizes these non-Medicare HMO and Standard Plan benefit options available January 1, 2008:

Wisconsin Public Employers  
**Non-Medicare benefits**  
**Options Effective January 1, 2008**

<b>NON-MEDICARE BENEFITS</b>		<b>OPTION 1: Traditional HMO – Classic Standard Plan</b>	<b>OPTION 2: Traditional HMO – Standard PPP</b>	<b>OPTION 3: Deductible HMO – Deductible Standard Plan</b>	<b>OPTION 4: Deductible HMO – Deductible Standard PPP</b>
<b>Standard Plan Option Benefit</b>	<b>Deductible</b> (Unless otherwise noted, it is an overall deductible)	\$250 Individual / \$500 Family (Applies only to Major Medical)	<i>In-Network:</i> \$250 Individual / \$500 Family  <i>Out-of-Network:</i> \$500 Individual / \$1000 Family	\$500 Individual / \$1000 Family	<i>In-Network:</i> \$500 Individual / \$1000 Family  <i>Out-of-Network:</i> \$1000 Individual / \$2000 Family
	<b>Coinsurance</b>	80% / 20% (Applies only to Major Medical)	<i>In-Network:</i> 90% / 10%  <i>Out-of-Network:</i> 70% / 30%	80% / 20%	<i>In-Network:</i> 80%/20%  <i>Out-of-Network:</i> 70% / 30%
	<b>Annual out-of-pocket maximum</b> (Includes deductible & coinsurance)	\$1250 Individual / \$2500 Family (Applies only to Major Medical)	<i>In-Network:</i> \$1000 Individual / \$2000 Family  <i>Out-of-Network:</i> \$2000 Individual / \$4000 Family	\$2000 Individual / \$4000 Family	<i>In-Network:</i> \$2000 Individual / \$4000 Family  <i>Out-of-Network:</i> \$4000 Individual / \$8000 Family
	<b>HMO-type benefit</b>	Uniform Benefits	Uniform Benefits	\$500 Individual / \$1000 Family After deductible is met, Uniform Benefits apply	\$500 Individual / \$1000 Family After deductible is met, Uniform Benefits apply

The 2008 monthly premium rates and a map showing plans available by county and tier are included with this Bulletin. Plans underlined on the map are “qualified,” which is defined as meeting minimum requirements for the number of primary providers, including a hospital (if one exists in the county), pharmacy, chiropractor, and dentist (if applicable) physically located in specific counties. Plans on the map that are “non-qualifying” (not underlined) have limited provider availability in the county.

Health plan tier placement appears on the grid that provides the name of the plan and the letter code for each that appears on the map. The 3-tier health insurance premium contribution program is an innovative approach that

holds down expenses because it creates incentives for health plans to reduce their costs and encourages employees to choose the plans that are the most efficient in providing quality health care. The state first adopted the “Tiered Formula” for premium contributions in 2004 because it has advantages over the “105% Formula” in terms of encouraging health plans to be more efficient.

When you elect to join, your employees have their choice of health plans offered by the WPE Group Health Insurance program. During the annual Dual-Choice enrollment period in October, insured employees may elect, without restriction, to change to a different participating health plan within their benefit option or to

change from single to family coverage, effective the following January 1.

Become a participating employer

Joining the WPE Group Health Insurance program is as easy as filing a resolution to select the benefit option you will offer your employees and annuitants (for groups of less than 51 eligible employees). Coverage is effective on the first day of the month following 90 days after ETF receives the resolution, unless you specify a later date. Employers with 51 or more eligible employees must first go through group underwriting and then may join four times a year: January 1, April 1, July 1, or October 1. Underwriting, for employers with 51 or more eligible employees, will determine whether the group should be assessed a variable per-contract, per-month surcharge for a specified period of time based on the group's risk characteristics.

All WRS eligible employees must be offered the health insurance coverage, including part-time employees. Eligibility includes current and future WRS retirees covered under your current group health insurance plan.

The WPE Group Health Insurance program currently has no individual underwriting and no waiting periods for pre-existing medical

conditions for eligible employees and retirees covered under the employer's group health plan prior to coverage in the WPE Group Health Insurance program.

For more information on joining the WPE Group Health Insurance program, contact the Employer Communication Center toll free at (888) 681-3952 or the local Madison number at (608) 264-7900, or e-mail ETF from the 'Contact Us' page of our Internet site, <http://etf.wi.gov>.

If you would like more detailed information on the administration of the program, ETF has a three-part, online WPE Group Health Insurance training available on its Internet site. While geared for employers who have elected to participate in the WPE program, these presentations may provide useful information as you consider joining the program. See ETF's Video Library at <http://etf.wi.gov> for details.

More information regarding the WPE Group Health Insurance program, such as ETF's brochure, *How to Become a Participating Employer Under the Wisconsin Public Employers' Group Health Insurance Program (ET-1139)*, can be found on ETF's site, under the Employer menu.

The Department of Employee Trust Funds does not discriminate on the basis of disability in the provision of programs, services, or employment. If you are speech, hearing or visually impaired and need assistance, call the Wisconsin Relay Service at 7-1-1 or 1-800-947-3529 (English) 1-800-833-7813 (Español). We will try to find another way to get the information to you in a usable form.

This **Employer Bulletin** is published by the Wisconsin Department of Employee Trust Funds. Questions should be directed to contact persons listed in the Bulletin, or to the Division of Trust Finance and Employer Services (DTFES). Call John Vincent, DTFES administrator, at (608) 261-7942. Employer agents may copy this Bulletin for further distribution to other payroll offices, subunits or individuals who may need the information. Copies of the most recent Employer Bulletins are available on our Internet site at the following URL: <http://etf.wi.gov/employers.htm>

Wisconsin Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931; <http://etf.wi.gov>.

# OPTION 1

## 2008 MONTHLY LOCAL EMPLOYEE RATES: TRADITIONAL HMO OPTION--CLASSIC STANDARD PLAN

MONTHLY LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR 2008	NON-MEDICARE RATES <i>RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE</i>		MEDICARE RATES <i>RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE</i>		
PLAN NAME	SINGLE/NON- MEDICARE	FAMILY/NON- MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 2*	FAMILY MEDICARE - 1**
STANDARD PLAN: DANE <sup>1</sup>	835.40	2085.00	359.50	716.50	1194.90
STANDARD PLAN: MILWAUKEE <sup>2</sup>	975.00	2434.10	359.50	716.50	1334.50
STANDARD PLAN: WAUKESHA <sup>3</sup>	901.50	2250.40	359.50	716.50	1261.00
STANDARD PLAN: BALANCE OF STATE <sup>4</sup>	901.50	2250.40	359.50	716.50	1261.00
STATE MAINTENANCE PLAN (SMP)	599.50	1495.20	NA	NA	NA
ANTHEM BCBS NORTHWEST	719.40	1794.80	525.00	1047.50	1241.90
ANTHEM BCBS SOUTHEAST	756.40	1887.30	543.40	1084.30	1297.30
ARISE HEALTH PLAN	572.30	1427.10	451.40	900.30	1021.20
DEAN HEALTH PLAN	435.00	1083.80	382.80	763.10	815.30
GHC EAU CLAIRE	664.60	1657.80	497.60	992.70	1159.70
GHC-SCW	440.30	1097.10	385.50	768.50	823.30
GUNDERSEN LUTHERAN HEALTH PLAN	634.20	1581.80	482.40	962.30	1114.10
HEALTH TRADITION	614.40	1532.30	472.40	942.30	1084.30
HUMANA EASTERN	795.40	1984.80	385.00	767.50	1177.90
HUMANA WESTERN	691.80	1725.80	385.00	767.50	1074.30
MEDICAL ASSOCIATES HEALTH PLAN	471.00	1173.80	344.10	685.70	812.60
MERCYCARE HEALTH PLAN	435.60	1085.30	383.10	763.70	816.20
NETWORK HEALTH PLAN	489.20	1219.30	409.80	817.10	896.50
PHYSICIANS PLUS--MERITER & UW	434.40	1082.30	382.50	762.50	814.40
SECURITY HEALTH PLAN	929.30	2319.60	422.40	842.30	1349.20
UNITEDHEALTHCARE NE	537.80	1340.80	434.20	865.90	969.50
UNITEDHEALTHCARE SE	597.50	1490.10	464.10	925.70	1059.10
UNITY COMMUNITY	412.10	1026.60	371.30	740.10	780.90
UNITY UW HEALTH	428.80	1068.30	379.70	756.90	806.00
WPS PATIENT CHOICE PLAN 1	766.20	1911.80	548.40	1094.30	1312.10
WPS PATIENT CHOICE PLAN 2	835.70	2085.60	583.20	1163.90	1416.40
<b>Standard Plan rates are determined by the employer county or the retiree county of residence.</b>					
<b>STANDARD PLAN AREA INCLUDES THE FOLLOWING:</b>	<sup>1</sup> DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix <sup>2</sup> MILWAUKEE: Milwaukee county & <u>retirees and continuants living out of state</u> <sup>3</sup> WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha <sup>4</sup> BALANCE OF STATE: All other Wisconsin counties				
N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits. *Medicare Family 2=Two or more family members enrolled in Medicare Parts A, B, & D. **Medicare Family 1=One family member enrolled in Medicare Parts A, B, & D. Medicare premium rates apply only to subscribers who have terminated employment.					

## OPTION 2

### 2008 MONTHLY LOCAL EMPLOYEE RATES: TRADITIONAL HMO OPTION--STANDARD PPP

MONTHLY LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR 2008	NON-MEDICARE RATES <small>RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE</small>		MEDICARE RATES <small>RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE</small>		
PLAN NAME	SINGLE/NON-MEDICARE	FAMILY/NON-MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 2*	FAMILY MEDICARE - 1**
STANDARD PLAN: DANE--PPP <sup>1</sup>	749.50	1870.40	349.50	696.40	1099.00
STANDARD PLAN: MILWAUKEE--PPP <sup>2</sup>	872.20	2177.10	349.50	696.40	1221.70
STANDARD PLAN: WAUKESHA--PPP <sup>3</sup>	807.00	2014.10	349.50	696.40	1156.50
STANDARD PLAN: BALANCE OF STATE--PPP <sup>4</sup>	807.00	2014.10	349.50	696.40	1156.50
STATE MAINTENANCE PLAN	599.50	1495.20	NA	NA	NA
ANTHEM BCBS NORTHWEST	719.40	1794.80	525.00	1047.50	1241.90
ANTHEM BCBS SOUTHEAST	756.40	1887.30	543.40	1084.30	1297.30
ARISE HEALTH PLAN	572.30	1427.10	451.40	900.30	1021.20
DEAN HEALTH PLAN	435.00	1083.80	382.80	763.10	815.30
GHC EAU CLAIRE	664.60	1657.80	497.60	992.70	1159.70
GHC-SCW	440.30	1097.10	385.50	768.50	823.30
GUNDERSEN LUTHERAN HEALTH PLAN	634.20	1581.80	482.40	962.30	1114.10
HEALTH TRADITION	614.40	1532.30	472.40	942.30	1084.30
HUMANA EASTERN	795.40	1984.80	385.00	767.50	1177.90
HUMANA WESTERN	691.80	1725.80	385.00	767.50	1074.30
MEDICAL ASSOCIATES HEALTH PLAN	471.00	1173.80	344.10	685.70	812.60
MERCYCARE HEALTH PLAN	435.60	1085.30	383.10	763.70	816.20
NETWORK HEALTH PLAN	489.20	1219.30	409.80	817.10	896.50
PHYSICIANS PLUS--MERITER & UW	434.40	1082.30	382.50	762.50	814.40
SECURITY HEALTH PLAN	929.30	2319.60	422.40	842.30	1349.20
UNITEDHEALTHCARE NE	537.80	1340.80	434.20	865.90	969.50
UNITEDHEALTHCARE SE	597.50	1490.10	464.10	925.70	1059.10
UNITY COMMUNITY	412.10	1026.60	371.30	740.10	780.90
UNITY UW HEALTH	428.80	1068.30	379.70	756.90	806.00
WPS PATIENT CHOICE PLAN 1	766.20	1911.80	548.40	1094.30	1312.10
WPS PATIENT CHOICE PLAN 2	835.70	2085.60	583.20	1163.90	1416.40
Standard Plan rates are determined by the employer county or the retiree county of residence.					
STANDARD PLAN AREA INCLUDES THE FOLLOWING:	<sup>1</sup> DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix <sup>2</sup> MILWAUKEE: Milwaukee county & <u>retirees and continuants living out of state</u> <sup>3</sup> WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha <sup>4</sup> BALANCE OF STATE: All other Wisconsin counties				
N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits. *Medicare Family 2=Two or more family members enrolled in Medicare Parts A, B, & D. **Medicare Family 1=One family member enrolled in Medicare Parts A, B, & D. Medicare premium rates apply only to subscribers who have terminated employment.					

## OPTION 3

### 2008 MONTHLY LOCAL EMPLOYEE RATES: DEDUCTIBLE HMO OPTION--DEDUCTIBLE STANDARD PLAN

MONTHLY LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR 2008	NON-MEDICARE RATES <small>RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE</small>		MEDICARE RATES <small>RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE</small>		
PLAN NAME	SINGLE/NON-MEDICARE	FAMILY/NON-MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 2*	FAMILY MEDICARE - 1**
STANDARD PLAN: DANE <sup>1</sup>	764.70	1908.20	343.60	684.70	1108.30
STANDARD PLAN: MILWAUKEE <sup>2</sup>	890.60	2223.00	343.60	684.70	1234.10
STANDARD PLAN: WAUKESHA <sup>3</sup>	823.60	2055.50	343.60	684.70	1167.10
STANDARD PLAN: BALANCE OF STATE <sup>4</sup>	823.60	2055.50	343.60	684.70	1167.10
STATE MAINTENANCE PLAN (SMP)	548.20	1366.90	NA	NA	NA
ANTHEM BCBS NORTHWEST	649.60	1620.30	492.50	982.50	1139.60
ANTHEM BCBS SOUTHEAST	653.60	1630.30	492.00	981.50	1143.10
ARISE HEALTH PLAN	522.10	1301.60	426.30	850.10	945.90
DEAN HEALTH PLAN	383.40	954.80	357.00	711.50	737.90
GHC EAU CLAIRE	605.10	1509.10	467.90	933.30	1070.50
GHC-SCW	403.30	1004.60	385.50	768.50	786.30
GUNDERSEN LUTHERAN HEALTH PLAN	549.60	1370.30	482.40	962.30	1029.50
HEALTH TRADITION	543.60	1355.30	437.00	871.50	978.10
HUMANA EASTERN	722.90	1803.60	385.00	767.50	1105.40
HUMANA WESTERN	629.70	1570.60	385.00	767.50	1012.20
MEDICAL ASSOCIATES HEALTH PLAN	411.10	1024.10	322.50	642.50	731.10
MERCYCARE HEALTH PLAN	399.10	994.10	364.90	727.30	761.50
NETWORK HEALTH PLAN	443.00	1103.80	386.80	771.10	827.30
PHYSICIANS PLUS--MERITER & UW	390.40	972.30	360.50	718.50	748.40
SECURITY HEALTH PLAN	843.40	2104.80	422.40	842.30	1263.30
UNITEDHEALTHCARE NE	490.90	1223.60	410.80	819.10	899.20
UNITEDHEALTHCARE SE	544.00	1356.30	437.30	872.10	978.80
UNITY COMMUNITY	377.90	941.10	354.20	705.90	729.60
UNITY UW HEALTH	384.00	956.30	357.30	712.10	738.80
WPS PATIENT CHOICE PLAN 1	696.60	1737.80	513.60	1024.70	1207.70
WPS PATIENT CHOICE PLAN 2	759.20	1894.30	544.90	1087.30	1301.60
Standard Plan rates are determined by the employer county or the retiree county of residence.					
STANDARD PLAN AREA INCLUDES THE FOLLOWING:	<sup>1</sup> DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix <sup>2</sup> MILWAUKEE: Milwaukee county & <u>retirees and continuants living out of state</u> <sup>3</sup> WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha <sup>4</sup> BALANCE OF STATE: All other Wisconsin counties				
N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.					
*Medicare Family 2=Two or more family members enrolled in Medicare Parts A, B, & D.					
**Medicare Family 1=One family member enrolled in Medicare Parts A, B, & D.					
Medicare premium rates apply only to subscribers who have terminated employment.					

## OPTION 4

### 2008 MONTHLY LOCAL EMPLOYEE RATES: DEDUCTIBLE HMO OPTION--DEDUCTIBLE STANDARD PPP

MONTHLY LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR 2008	NON-MEDICARE RATES RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE		MEDICARE RATES RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE		
	SINGLE/NON-MEDICARE	FAMILY/NON-MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 2*	FAMILY MEDICARE - 1**
STANDARD PLAN: DANE--PPP <sup>1</sup>	705.90	1761.20	332.90	663.30	1038.70
STANDARD PLAN: MILWAUKEE--PPP <sup>2</sup>	818.60	2043.00	332.90	663.30	1151.50
STANDARD PLAN: WAUKESHA--PPP <sup>3</sup>	759.20	1894.60	332.90	663.30	1092.10
STANDARD PLAN: BALANCE OF STATE--PPP <sup>4</sup>	759.20	1894.60	332.90	663.30	1092.10
STATE MAINTENANCE PLAN	548.20	1366.90	NA	NA	NA
ANTHEM BCBS NORTHWEST	649.60	1620.30	492.50	982.50	1139.60
ANTHEM BCBS SOUTHEAST	653.60	1630.30	492.00	981.50	1143.10
ARISE HEALTH PLAN	522.10	1301.60	426.30	850.10	945.90
DEAN HEALTH PLAN	383.40	954.80	357.00	711.50	737.90
GHC EAU CLAIRE	605.10	1509.10	467.90	933.30	1070.50
GHC-SCW	403.30	1004.60	385.50	768.50	786.30
GUNDERSEN LUTHERAN HEALTH PLAN	549.60	1370.30	482.40	962.30	1029.50
HEALTH TRADITION	543.60	1355.30	437.00	871.50	978.10
HUMANA EASTERN	722.90	1803.60	385.00	767.50	1105.40
HUMANA WESTERN	629.70	1570.60	385.00	767.50	1012.20
MEDICAL ASSOCIATES HEALTH PLAN	411.10	1024.10	322.50	642.50	731.10
MERCYCARE HEALTH PLAN	399.10	994.10	364.90	727.30	761.50
NETWORK HEALTH PLAN	443.00	1103.80	386.80	771.10	827.30
PHYSICIANS PLUS--MERITER & UW	390.40	972.30	360.50	718.50	748.40
SECURITY HEALTH PLAN	843.40	2104.80	422.40	842.30	1263.30
UNITEDHEALTHCARE NE	490.90	1223.60	410.80	819.10	899.20
UNITEDHEALTHCARE SE	544.00	1356.30	437.30	872.10	978.80
UNITY COMMUNITY	377.90	941.10	354.20	705.90	729.60
UNITY UW HEALTH	384.00	956.30	357.30	712.10	738.80
WPS PATIENT CHOICE PLAN 1	696.60	1737.80	513.60	1024.70	1207.70
WPS PATIENT CHOICE PLAN 2	759.20	1894.30	544.90	1087.30	1301.60

Standard Plan rates are determined by the employer county or the retiree county of residence

STANDARD PLAN AREA INCLUDES THE FOLLOWING:

- <sup>1</sup>DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix  
<sup>2</sup>MILWAUKEE: Milwaukee county & retirees and continuants living out of state  
<sup>3</sup>WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha  
<sup>4</sup>BALANCE OF STATE: All other Wisconsin counties

N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.

\*Medicare Family 2=Two or more family members enrolled in Medicare Parts A, B, & D.

\*\*Medicare Family 1=One family member enrolled in Medicare Parts A, B, & D.

Medicare premium rates apply only to subscribers who have terminated employment.

## Local Employees and Annuitants

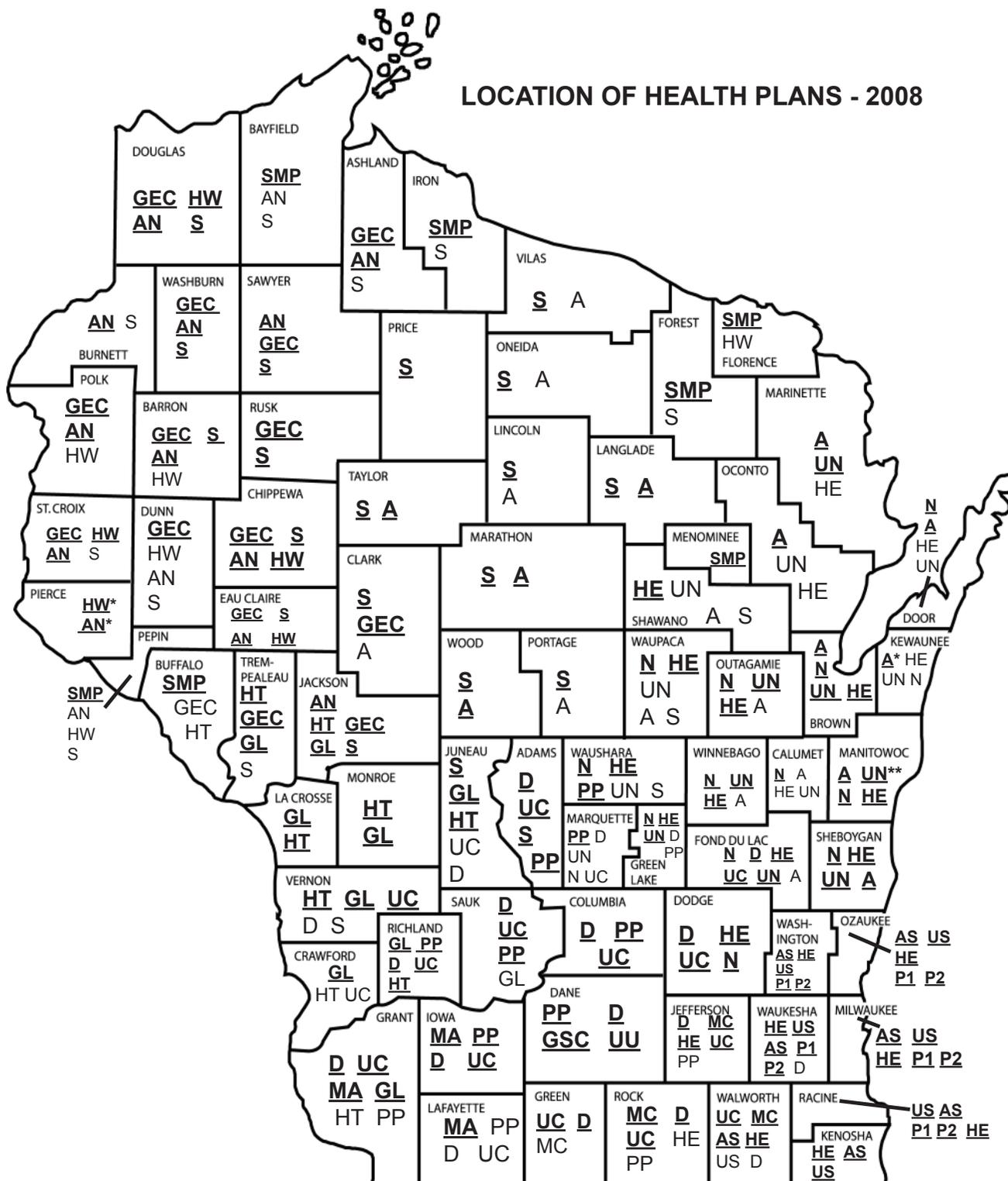
2008 Plans	Plan Code	Tier
Anthem BCBS Northwest (formerly CompCareBlue)	AN	2
Anthem BCBS Southeast (formerly CompCareBlue)	AS	1
Arise Health Plan (formerly WPS Prevea)	A	1
Dean Health Plan	D	1
Group Health Cooperative of Eau Claire	GEC	1
Group Health Cooperative of South Central Wisconsin	GSC	1
Gundersen Lutheran Health Plan	GL	1
Health Tradition Health Plan	HT	1
Humana Eastern	HE	1
Humana Western	HW	1
Medical Associates Health Plan	MA	1
MercyCare Health Plan	MC	1
Network Health Plan	N	1
Physicians Plus – Meriter & UW	PP	1
Security Health Plan	S	1
State Maintenance Plan (WPS Health Insurance)	SMP	1
Standard Plan (WPS Health Insurance)	None	3
UnitedHealthcare Northeast	UN	1
UnitedHealthcare Southeast	US	1
Unity Community	UC	1
Unity UW Health	UU	1
WPS Patient Choice Plan 1	P1	1
WPS Patient Choice Plan 2	P2	2

### HOW TO USE THIS MAP

- See the Plan Codes above to determine which plans are in your county.
- If the plan code is underlined and in **bold** type in a county, it means that the plan is “**qualified**”. To be qualified, a plan must meet minimum provider availability requirements (based on primary care providers, hospital, chiropractor, and dentist if dental is offered by the plan).
- If a Plan Code appears in a county but is not underlined and in bold type, it means that the plan has at least one primary care provider in that county but is not a qualified plan. You may select that plan but make sure that it has sufficient providers in your area to meet your needs.
- For employers who use the “105% Formula” to determine premium contributions, the low cost qualified plan is considered when determining the employer’s maximum allowable premium contribution in that county.
- For employers who use the “Tier Formula” to determine premium contributions, the employee’s contribution are the same for all plans in a given tier.
- You may enroll in any plan regardless of where you live, but if you enroll in an HMO, you must receive care from that plan’s providers.
- SMP is available in counties where there is no qualified plan. There may also be non-qualified plans available in those counties.
- Contact the health plan directly if you have questions about the number or location of providers. The plans’ telephone numbers are shown on the inside back cover.

THE STANDARD PLAN IS AVAILABLE ANYWHERE. As such, it does not appear on the map.

## LOCATION OF HEALTH PLANS - 2008



\* Qualified in a county with no hospital.

\*\* Hospital 4 miles from major city.

A number of plans have changed their service areas for 2008; some have made significant changes. As a result, you may need to change plans for 2008.

“Qualified plans in each county are underlined and show in **bold** type. “Non-qualified” plans are not underlined or bolded. Non-qualified plans have limited provider availability in the indicated county.

Plan designation is based upon the tiering of plans approved by the Group Insurance Board.