

## 2015 Monthly Local Rates: Deductible HMO Option — Standard PPO

Plan Name	Tier	Non-Medicare Rates*		Medicare Rates		
		Single	Family	Single	Medicare 1**	Medicare 2***
Anthem Blue Preferred Northeast	1	647.00	1,610.00	492.90	1,134.90	980.80
Anthem Blue Preferred Southeast	1	692.80	1,724.50	515.20	1,203.00	1,025.40
Arise Health Plan Northern	1	956.50	2,383.80	647.60	1,599.10	1,290.20
Arise Health Plan Southeast	1	986.80	2,459.50	662.80	1,644.60	1,320.60
Dean Health Insurance	1	628.30	1,563.30	477.00	1,100.30	949.00
Dean Health Insurance - Prevea360	1	761.00	1,895.00	542.10	1,298.10	1,079.20
GHC of Eau Claire	3	1,039.90	2,592.30	574.70	1,609.60	1,144.40
GHC of South Central Wisconsin	1	576.60	1,434.00	457.60	1,029.20	910.20
Gundersen Health Plan	1	740.80	1,844.50	406.10	1,141.90	807.20
Health Tradition Health Plan	1	645.50	1,606.30	490.30	1,130.80	975.60
HealthPartners Health Plan	1	831.30	2,070.80	565.30	1,391.60	1,125.60
Humana - Eastern	3	1,107.50	2,761.30	379.40	1,481.90	753.80
Humana - Western	3	1,107.50	2,761.30	379.40	1,481.90	753.80
Medical Associates Health Plans	1	583.80	1,452.00	405.70	984.50	806.40
Medicare Plus****	N/A****	NA****	NA****	414.30	N/A****	824.30
MercyCare Health Plans	1	587.90	1,462.30	443.20	1,026.10	881.40
Network Health	1	707.20	1,760.50	523.00	1,225.20	1,041.00
Physicians Plus	1	657.40	1,636.00	478.80	1,131.20	952.60
Security Health Plan	3	978.30	2,438.30	553.30	1,526.60	1,101.60
Standard Plan - Balance of State <sup>1</sup> & ****	3	1,095.40	2,732.30	NA****	1,509.70	NA****
Standard Plan - Dane <sup>2</sup> & ****	3	1,018.00	2,537.60	NA****	1,432.30	NA****
Standard Plan - Milwaukee <sup>3</sup> & ****	3	1,181.70	2,946.20	NA****	1,596.00	NA****
Standard Plan - Waukesha <sup>4</sup> & ****	3	1,095.40	2,732.30	NA****	1,509.70	NA****
State Maintenance Plan (SMP)	1	791.20	1,972.00	NA****	1,205.50	NA****
UnitedHealthcare of Wisconsin	1	825.40	2,056.00	582.10	1,402.50	1,159.20
Unity Health Insurance - Community	1	619.80	1,542.00	452.60	1,067.40	900.20
Unity Health Insurance - UW Health	1	533.30	1,325.80	413.60	941.90	822.20
WEA Trust - East	1	764.10	1,902.80	551.50	1,310.60	1,098.00
WEA Trust - Northwest Chippewa Valley	1	893.10	2,225.30	615.90	1,504.00	1,226.80
WEA Trust - Northwest Mayo Clinic Hlth. Sys.	1	893.10	2,225.30	615.90	1,504.00	1,226.80
WEA Trust - South Central	1	726.10	1,807.80	532.40	1,253.50	1,059.80
<b>Standard Plan Area Includes The Following:</b>	<sup>1</sup> BALANCE OF STATE: All other Wisconsin counties (code A4) <sup>2</sup> DANE: Dane, Grant, Jefferson, La Crosse, Polk, St. Croix (code A1) <sup>3</sup> MILWAUKEE: Milwaukee County, also applies to retirees and continuants living out of state (code A2) <sup>4</sup> WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha (code A3)					
N/A= "not applicable." Medicare premium rates apply only to subscribers who have terminated employment. *Members of new participating employers may have a surcharge added to their rates. Your employer will inform you. Contact your payroll office with questions. **Medicare 1 = Family coverage with at least one insured family member enrolled in Medicare Parts A, B & D. ***Medicare 2 = Family coverage with all insured members enrolled in Medicare Parts A, B & D. **** Members with Standard Plan or SMP coverage who become enrolled in Medicare Parts A and B will automatically be moved to the Medicare Plus plan. All other non-Medicare family members will remain covered under the Standard Plan or SMP.						