

**2005 LOCAL EMPLOYEE MONTHLY RATES: TRADITIONAL HMO OPTION--CLASSIC  
STANDARD PLAN**

LOCAL EMPLOYEE GROUP HEALTH INSURANCE MONTHLY RATES FOR 2005	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>		
	SINGLE/NON- MEDICARE	FAMILY/NON- MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 2*	FAMILY MEDICARE - 1*
STANDARD PLAN: DANE <sup>1</sup>	979.40	2392.80	368.40	703.20	1303.90
STANDARD PLAN: MILWAUKEE <sup>2</sup>	1060.70	2596.10	368.40	703.20	1385.30
STANDARD PLAN: WAUKESHA <sup>3</sup>	1060.70	2596.10	368.40	703.20	1385.30
STANDARD PLAN: BALANCE OF STATE <sup>4</sup>	919.40	2242.90	368.40	703.20	1244.00
STATE MAINTENANCE PLAN	644.40	1545.10	NA	NA	NA
ATRIUM HEALTH PLAN	577.60	1425.50	461.70	911.10	1023.40
COMPCAREBLUE - AURORA/FAMILY	479.60	1180.60	383.30	754.30	847.00
COMPCAREBLUE NORTHEAST	500.40	1232.60	399.90	787.50	884.40
COMPCAREBLUE NORTHWEST	520.80	1283.50	416.20	820.10	921.10
COMPCAREBLUE SOUTHEAST	519.70	1280.80	415.30	818.30	919.10
DEAN HEALTH PLAN	367.40	900.10	293.50	574.70	645.00
GHC-EAU CLAIRE	547.70	1350.80	437.70	863.10	969.50
GHC-SOUTH CENTRAL	378.50	927.80	302.40	592.50	665.00
GUNDERSEN LUTHERAN	505.40	1245.10	308.20	604.10	801.30
HEALTH TRADITION	503.50	1240.30	402.40	792.50	890.00
HUMANA-EASTERN	534.00	1316.60	426.80	841.30	944.90
HUMANA-WESTERN	575.40	1420.10	459.90	907.50	1019.40
MEDICAL ASSOCIATES HMO	431.60	1060.50	305.80	599.30	725.10
MERCYCARE HEALTH PLAN	387.10	949.30	309.30	606.30	680.50
NETWORK-FOX VALLEY	490.50	1207.80	392.00	771.70	866.60
PHYSICIANS PLUS	379.10	929.30	302.90	593.50	666.10
PREVEA HEALTH PLAN	478.70	1178.30	382.50	752.70	845.30
UNITEDHEALTHCARE (formerly Touchpoint)	419.20	1029.50	334.90	657.50	738.20
UNITY-COMMUNITY	459.80	1131.10	367.40	722.50	811.30
UNITY-UW HEALTH	369.20	904.60	294.90	577.50	648.20

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 living out of state
- <sup>3</sup>WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha
- <sup>4</sup>WISCONSIN: Balance of state

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

\*Medicare Family 1=One family member enrolled in Medicare Parts A & B;  
Medicare Family 2=Two or more family members enrolled in Medicare Parts A & B.

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