2009 Local Low Cost Plan:			Single Coverage			Family Coverage		
		Traditional HMO - Classic Standard Plan (P02)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	ADAMS							
		DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
		PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	0.00	466.90	1163.50	0.00	1163.50
		SECURITY HEALTH PLAN	469.88	460.92	930.80	1170.75	1152.55	2323.30
		UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
		STANDARD PLAN: BALANCE OF STATE	469.88	458.62	928.50	1170.75	1146.85	2317.60
	ASHLAND							
		ANTHEM BCBS NORTHWEST	759.50	0.00	759.50	1895.00	0.00	1895.00
		GHC OF EAU CLAIRE	737.40	0.00	737.40	1839.80	0.00	1839.80
		SECURITY HEALTH PLAN	774.27	156.53	930.80	1931.79	391.51	2323.30
		STANDARD PLAN: BALANCE OF STATE	774.27	154.23	928.50	1931.79	385.81	2317.60
	BARRON							
		GHC OF EAU CLAIRE	664.97	72.43	737.40	1658.48	181.32	1839.80
*		GUNDERSEN LUTHERAN HEALTH PLAN	658.30	0.00	658.30	1642.00	0.00	1642.00
		HEALTH TRADITION HEALTH PLAN	633.30	0.00	633.30	1579.50	0.00	1579.50
		HUMANA WESTERN	664.97	95.23	760.20	1658.48	238.32	1896.80
		SECURITY HEALTH PLAN	664.97	265.83	930.80	1658.48	664.82	2323.30
		STANDARD PLAN: BALANCE OF STATE	664.97	263.53	928.50	1658.48	659.12	2317.60
	BAYFIELD							
*		ANTHEM BCBS NORTHWEST	648.38	111.12	759.50	1617.21	277.79	1895.00
*		SECURITY HEALTH PLAN	648.38	282.42	930.80	1617.21	706.09	2323.30
		STATE MAINTENANCE PLAN (SMP)	617.50	0.00	617.50	1540.20	0.00	1540.20
		STANDARD PLAN: BALANCE OF STATE	648.38	280.12	928.50	1617.21	700.39	2317.60
	BROWN							
		ANTHEM BCBS NORTHEAST	574.56	465.04	1039.60	1432.52	1162.78	2595.30
		ARISE HEALTH PLAN	574.56	29.84	604.40	1432.52	74.78	1507.30
		HUMANA EASTERN	574.56	300.64	875.20	1432.52	751.78	2184.30
		NETWORK HEALTH PLAN	547.20	0.00	547.20	1364.30	0.00	1364.30
		UNITEDHEALTHCARE NE	574.56	10.54	585.10	1432.52	26.48	1459.00
		STANDARD PLAN: BALANCE OF STATE	574.56	353.94	928.50	1432.52	885.08	2317.60
	BUFFALO							
*		GHC OF EAU CLAIRE	648.38	89.02	737.40	1617.21	222.59	1839.80
*		HEALTH TRADITION HEALTH PLAN	633.30	0.00	633.30	1579.50	0.00	1579.50
		STATE MAINTENANCE PLAN (SMP)	617.50	0.00	617.50	1540.20	0.00	1540.20
		STANDARD PLAN: BALANCE OF STATE	648.38	280.12	928.50	1617.21	700.39	2317.60
	BURNETT							
		GHC OF EAU CLAIRE	737.40	0.00	737.40	1839.80	0.00	1839.80
*		SECURITY HEALTH PLAN	774.27	156.53	930.80	1931.79	391.51	2323.30
		STANDARD PLAN: BALANCE OF STATE	774.27	154.23	928.50	1931.79	385.81	2317.60
	CALUMET							
*		ANTHEM BCBS NORTHEAST	574.56	465.04	1039.60	1432.52	1162.78	2595.30
*		ARISE HEALTH PLAN	574.56	29.84	604.40	1432.52	74.78	1507.30
*		HUMANA EASTERN	574.56	300.64	875.20	1432.52	751.78	2184.30
		NETWORK HEALTH PLAN	547.20	0.00	547.20	1364.30	0.00	1364.30
*		UNITEDHEALTHCARE NE	574.56	10.54	585.10	1432.52	26.48	1459.00
		STANDARD PLAN: BALANCE OF STATE	574.56	353.94	928.50	1432.52	885.08	2317.60
	CHIPPEWA							
		GHC OF EAU CLAIRE	664.97	72.43	737.40	1658.48	181.32	1839.80
*		GUNDERSEN LUTHERAN HEALTH PLAN	658.30	0.00	658.30	1642.00	0.00	1642.00
		HEALTH TRADITION HEALTH PLAN	633.30	0.00	633.30	1579.50	0.00	1579.50
		HUMANA WESTERN	664.97	95.23	760.20	1658.48	238.32	1896.80
		SECURITY HEALTH PLAN	664.97	265.83	930.80	1658.48	664.82	2323.30
		STANDARD PLAN: BALANCE OF STATE	664.97	263.53	928.50	1658.48	659.12	2317.60

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Traditional HMO - Classic Standard Plan (P02)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	CLARK						
*	ARISE HEALTH PLAN	604.40	0.00	604.40	1507.30	0.00	1507.30
	GHC OF EAU CLAIRE	691.22	46.18	737.40	1724.10	115.70	1839.80
	GUNDERSEN LUTHERAN HEALTH PLAN	658.30	0.00	658.30	1642.00	0.00	1642.00
	SECURITY HEALTH PLAN	691.22	239.58	930.80	1724.10	599.20	2323.30
	STANDARD PLAN: BALANCE OF STATE	691.22	237.28	928.50	1724.10	593.50	2317.60
	COLUMBIA						
	DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
	PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	0.00	466.90	1163.50	0.00	1163.50
	UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
	STANDARD PLAN: BALANCE OF STATE	469.88	458.62	928.50	1170.75	1146.85	2317.60
	CRAWFORD						
*	GUNDERSEN LUTHERAN HEALTH PLAN	648.38	9.92	658.30	1617.21	24.79	1642.00
*	HEALTH TRADITION HEALTH PLAN	633.30	0.00	633.30	1579.50	0.00	1579.50
*	UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
	STATE MAINTENANCE PLAN (SMP)	617.50	0.00	617.50	1540.20	0.00	1540.20
	STANDARD PLAN: BALANCE OF STATE	648.38	280.12	928.50	1617.21	700.39	2317.60
	DANE						
	DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
	GHC OF SOUTH CENTRAL WISCONSIN	474.08	0.32	474.40	1181.25	1.05	1182.30
	PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	0.00	466.90	1163.50	0.00	1163.50
	UNITY UW HEALTH	451.50	0.00	451.50	1125.00	0.00	1125.00
	STANDARD PLAN: DANE	474.08	386.42	860.50	1181.25	966.15	2147.40
	DODGE						
	ANTHEM BCBS SOUTHEAST	469.88	569.72	1039.60	1170.75	1424.55	2595.30
	DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
	HUMANA EASTERN	469.88	405.32	875.20	1170.75	1013.55	2184.30
	NETWORK HEALTH PLAN	469.88	77.32	547.20	1170.75	193.55	1364.30
	UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
	STANDARD PLAN: BALANCE OF STATE	469.88	458.62	928.50	1170.75	1146.85	2317.60
	DOOR						
	ANTHEM BCBS NORTHEAST	574.56	465.04	1039.60	1432.52	1162.78	2595.30
	ARISE HEALTH PLAN	574.56	29.84	604.40	1432.52	74.78	1507.30
*	HUMANA EASTERN	574.56	300.64	875.20	1432.52	751.78	2184.30
	NETWORK HEALTH PLAN	547.20	0.00	547.20	1364.30	0.00	1364.30
*	UNITEDHEALTHCARE NE	574.56	10.54	585.10	1432.52	26.48	1459.00
	STANDARD PLAN: BALANCE OF STATE	574.56	353.94	928.50	1432.52	885.08	2317.60
	DOUGLAS						
	ANTHEM BCBS NORTHWEST	759.50	0.00	759.50	1895.00	0.00	1895.00
	GHC OF EAU CLAIRE	737.40	0.00	737.40	1839.80	0.00	1839.80
	HUMANA WESTERN	760.20	0.00	760.20	1896.80	0.00	1896.80
	SECURITY HEALTH PLAN	774.27	156.53	930.80	1931.79	391.51	2323.30
	STANDARD PLAN: BALANCE OF STATE	774.27	154.23	928.50	1931.79	385.81	2317.60
	DUNN						
	GHC OF EAU CLAIRE	737.40	0.00	737.40	1839.80	0.00	1839.80
*	HEALTH TRADITION HEALTH PLAN	633.30	0.00	633.30	1579.50	0.00	1579.50
*	HUMANA WESTERN	760.20	0.00	760.20	1896.80	0.00	1896.80
*	SECURITY HEALTH PLAN	774.27	156.53	930.80	1931.79	391.51	2323.30
	STANDARD PLAN: BALANCE OF STATE	774.27	154.23	928.50	1931.79	385.81	2317.60
	EAU CLAIRE						
	ANTHEM BCBS NORTHWEST	664.97	94.53	759.50	1658.48	236.52	1895.00
	GHC OF EAU CLAIRE	664.97	72.43	737.40	1658.48	181.32	1839.80
	GUNDERSEN LUTHERAN HEALTH PLAN	658.30	0.00	658.30	1642.00	0.00	1642.00
	HEALTH TRADITION HEALTH PLAN	633.30	0.00	633.30	1579.50	0.00	1579.50
	HUMANA WESTERN	664.97	95.23	760.20	1658.48	238.32	1896.80
	SECURITY HEALTH PLAN	664.97	265.83	930.80	1658.48	664.82	2323.30
	STANDARD PLAN: BALANCE OF STATE	664.97	263.53	928.50	1658.48	659.12	2317.60

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Traditional HMO - Classic Standard Plan (P02)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	FLORENCE						
	STATE MAINTENANCE PLAN (SMP)	617.50	0.00	617.50	1540.20	0.00	1540.20
	STANDARD PLAN: BALANCE OF STATE	648.38	280.12	928.50	1617.21	700.39	2317.60
	FOND DU LAC						
	ANTHEM BCBS NORTHEAST	469.88	569.72	1039.60	1170.75	1424.55	2595.30
*	ARISE HEALTH PLAN	469.88	134.52	604.40	1170.75	336.55	1507.30
	DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
	HUMANA EASTERN	469.88	405.32	875.20	1170.75	1013.55	2184.30
	NETWORK HEALTH PLAN	469.88	77.32	547.20	1170.75	193.55	1364.30
	UNITEDHEALTHCARE NE	469.88	115.22	585.10	1170.75	288.25	1459.00
	UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
	STANDARD PLAN: BALANCE OF STATE	469.88	458.62	928.50	1170.75	1146.85	2317.60
	FOREST						
*	SECURITY HEALTH PLAN	648.38	282.42	930.80	1617.21	706.09	2323.30
	STATE MAINTENANCE PLAN (SMP)	617.50	0.00	617.50	1540.20	0.00	1540.20
	STANDARD PLAN: BALANCE OF STATE	648.38	280.12	928.50	1617.21	700.39	2317.60
	GRANT						
	DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
	GUNDERSEN LUTHERAN HEALTH PLAN	469.88	188.42	658.30	1170.75	471.25	1642.00
*	HEALTH TRADITION HEALTH PLAN	469.88	163.42	633.30	1170.75	408.75	1579.50
	MEDICAL ASSOCIATES HEALTH PLAN	469.88	42.22	512.10	1170.75	105.75	1276.50
	PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	0.00	466.90	1163.50	0.00	1163.50
	UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
	STANDARD PLAN: DANE	469.88	390.62	860.50	1170.75	976.65	2147.40
	GREEN						
	DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
*	MERCYCARE HEALTH PLAN	460.80	0.00	460.80	1148.30	0.00	1148.30
	UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
	STANDARD PLAN: BALANCE OF STATE	469.88	458.62	928.50	1170.75	1146.85	2317.60
	GREEN LAKE						
	ANTHEM BCBS NORTHEAST	574.56	465.04	1039.60	1432.52	1162.78	2595.30
*	ARISE HEALTH PLAN	574.56	29.84	604.40	1432.52	74.78	1507.30
*	DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
	HUMANA EASTERN	574.56	300.64	875.20	1432.52	751.78	2184.30
	NETWORK HEALTH PLAN	547.20	0.00	547.20	1364.30	0.00	1364.30
*	PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	0.00	466.90	1163.50	0.00	1163.50
	UNITEDHEALTHCARE NE	574.56	10.54	585.10	1432.52	26.48	1459.00
	STANDARD PLAN: BALANCE OF STATE	574.56	353.94	928.50	1432.52	885.08	2317.60
	IOWA						
	DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
	MEDICAL ASSOCIATES HEALTH PLAN	469.88	42.22	512.10	1170.75	105.75	1276.50
	PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	0.00	466.90	1163.50	0.00	1163.50
	UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
	STANDARD PLAN: BALANCE OF STATE	469.88	458.62	928.50	1170.75	1146.85	2317.60
	IRON						
*	SECURITY HEALTH PLAN	648.38	282.42	930.80	1617.21	706.09	2323.30
	STATE MAINTENANCE PLAN (SMP)	617.50	0.00	617.50	1540.20	0.00	1540.20
	STANDARD PLAN: BALANCE OF STATE	648.38	280.12	928.50	1617.21	700.39	2317.60
	JACKSON						
	GHC OF EAU CLAIRE	664.97	72.43	737.40	1658.48	181.32	1839.80
	GUNDERSEN LUTHERAN HEALTH PLAN	658.30	0.00	658.30	1642.00	0.00	1642.00
	HEALTH TRADITION HEALTH PLAN	633.30	0.00	633.30	1579.50	0.00	1579.50
	SECURITY HEALTH PLAN	664.97	265.83	930.80	1658.48	664.82	2323.30
	STANDARD PLAN: BALANCE OF STATE	664.97	263.53	928.50	1658.48	659.12	2317.60

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:			Single Coverage			Family Coverage		
		Traditional HMO - Classic Standard Plan (P02)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	JEFFERSON							
		ANTHEM BCBS SOUTHEAST	469.88	569.72	1039.60	1170.75	1424.55	2595.30
		DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
		HUMANA EASTERN	469.88	405.32	875.20	1170.75	1013.55	2184.30
		MERCYCARE HEALTH PLAN	460.80	0.00	460.80	1148.30	0.00	1148.30
		UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
		STANDARD PLAN: DANE	469.88	390.62	860.50	1170.75	976.65	2147.40
	JUNEAU							
*		DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
		GUNDERSEN LUTHERAN HEALTH PLAN	658.30	0.00	658.30	1642.00	0.00	1642.00
		HEALTH TRADITION HEALTH PLAN	633.30	0.00	633.30	1579.50	0.00	1579.50
		SECURITY HEALTH PLAN	664.97	265.83	930.80	1658.48	664.82	2323.30
*		UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
		STANDARD PLAN: BALANCE OF STATE	664.97	263.53	928.50	1658.48	659.12	2317.60
	KENOSHA							
		ANTHEM BCBS SOUTHEAST	668.33	371.27	1039.60	1666.88	928.42	2595.30
		HUMANA EASTERN	668.33	206.87	875.20	1666.88	517.42	2184.30
		UNITEDHEALTHCARE SE	636.50	0.00	636.50	1587.50	0.00	1587.50
		STANDARD PLAN: WAUKESHA	668.33	260.17	928.50	1666.88	650.72	2317.60
	KEWAUNEE							
*		ANTHEM BCBS NORTHEAST	574.56	465.04	1039.60	1432.52	1162.78	2595.30
		ARISE HEALTH PLAN	574.56	29.84	604.40	1432.52	74.78	1507.30
*		HUMANA EASTERN	574.56	300.64	875.20	1432.52	751.78	2184.30
		NETWORK HEALTH PLAN	547.20	0.00	547.20	1364.30	0.00	1364.30
*		UNITEDHEALTHCARE NE	574.56	10.54	585.10	1432.52	26.48	1459.00
		STANDARD PLAN: BALANCE OF STATE	574.56	353.94	928.50	1432.52	885.08	2317.60
	LACROSSE							
		GUNDERSEN LUTHERAN HEALTH PLAN	658.30	0.00	658.30	1642.00	0.00	1642.00
		HEALTH TRADITION HEALTH PLAN	633.30	0.00	633.30	1579.50	0.00	1579.50
		STANDARD PLAN: DANE	664.97	195.53	860.50	1658.48	488.92	2147.40
	LAFAYETTE							
*		DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
		MEDICAL ASSOCIATES HEALTH PLAN	490.25	21.85	512.10	1221.68	54.82	1276.50
		PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	0.00	466.90	1163.50	0.00	1163.50
*		UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
		STANDARD PLAN: BALANCE OF STATE	490.25	438.25	928.50	1221.68	1095.92	2317.60
	LANGLADE							
		ARISE HEALTH PLAN	604.40	0.00	604.40	1507.30	0.00	1507.30
		SECURITY HEALTH PLAN	634.62	296.18	930.80	1582.67	740.63	2323.30
		STANDARD PLAN: BALANCE OF STATE	634.62	293.88	928.50	1582.67	734.93	2317.60
	LINCOLN							
*		ARISE HEALTH PLAN	604.40	0.00	604.40	1507.30	0.00	1507.30
		SECURITY HEALTH PLAN	930.80	0.00	930.80	2323.30	0.00	2323.30
		STANDARD PLAN: BALANCE OF STATE	928.50	0.00	928.50	2317.60	0.00	2317.60
	MANITOWOC							
		ANTHEM BCBS NORTHEAST	574.56	465.04	1039.60	1432.52	1162.78	2595.30
		ARISE HEALTH PLAN	574.56	29.84	604.40	1432.52	74.78	1507.30
		HUMANA EASTERN	574.56	300.64	875.20	1432.52	751.78	2184.30
		NETWORK HEALTH PLAN	547.20	0.00	547.20	1364.30	0.00	1364.30
		UNITEDHEALTHCARE NE	574.56	10.54	585.10	1432.52	26.48	1459.00
		STANDARD PLAN: BALANCE OF STATE	574.56	353.94	928.50	1432.52	885.08	2317.60
	MARATHON							
		ARISE HEALTH PLAN	604.40	0.00	604.40	1507.30	0.00	1507.30
		SECURITY HEALTH PLAN	634.62	296.18	930.80	1582.67	740.63	2323.30
		STANDARD PLAN: BALANCE OF STATE	634.62	293.88	928.50	1582.67	734.93	2317.60

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:			Single Coverage			Family Coverage		
		Traditional HMO - Classic Standard Plan (P02)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	MARINETTE							
		ANTHEM BCBS NORTHEAST	614.36	425.24	1039.60	1531.95	1063.35	2595.30
		ARISE HEALTH PLAN	604.40	0.00	604.40	1507.30	0.00	1507.30
		HUMANA EASTERN	614.36	260.84	875.20	1531.95	652.35	2184.30
		UNITEDHEALTHCARE NE	585.10	0.00	585.10	1459.00	0.00	1459.00
		STANDARD PLAN: BALANCE OF STATE	614.36	314.14	928.50	1531.95	785.65	2317.60
	MARQUETTE							
*		DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
*		NETWORK HEALTH PLAN	490.25	56.95	547.20	1221.68	142.62	1364.30
		PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	0.00	466.90	1163.50	0.00	1163.50
*		UNITEDHEALTHCARE NE	490.25	94.85	585.10	1221.68	237.32	1459.00
*		UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
		STANDARD PLAN: BALANCE OF STATE	490.25	438.25	928.50	1221.68	1095.92	2317.60
	MENOMINEE							
		STATE MAINTENANCE PLAN (SMP)	617.50	0.00	617.50	1540.20	0.00	1540.20
		STANDARD PLAN: BALANCE OF STATE	648.38	280.12	928.50	1617.21	700.39	2317.60
	MILWAUKEE							
		ANTHEM BCBS SOUTHEAST	668.33	371.27	1039.60	1666.88	928.42	2595.30
		HUMANA EASTERN	668.33	206.87	875.20	1666.88	517.42	2184.30
		UNITEDHEALTHCARE SE	636.50	0.00	636.50	1587.50	0.00	1587.50
		WPS METRO CHOICE	668.33	184.77	853.10	1666.88	462.12	2129.00
		STANDARD PLAN: MILWAUKEE	668.33	335.97	1004.30	1666.88	840.02	2506.90
	MONROE							
		GUNDERSEN LUTHERAN HEALTH PLAN	658.30	0.00	658.30	1642.00	0.00	1642.00
		HEALTH TRADITION HEALTH PLAN	633.30	0.00	633.30	1579.50	0.00	1579.50
		STANDARD PLAN: BALANCE OF STATE	664.97	263.53	928.50	1658.48	659.12	2317.60
	OCONTO							
*		ANTHEM BCBS NORTHEAST	634.62	404.98	1039.60	1582.67	1012.63	2595.30
		ARISE HEALTH PLAN	604.40	0.00	604.40	1507.30	0.00	1507.30
*		HUMANA EASTERN	634.62	240.58	875.20	1582.67	601.63	2184.30
*		NETWORK HEALTH PLAN	547.20	0.00	547.20	1364.30	0.00	1364.30
*		UNITEDHEALTHCARE NE	585.10	0.00	585.10	1459.00	0.00	1459.00
		STANDARD PLAN: BALANCE OF STATE	634.62	293.88	928.50	1582.67	734.93	2317.60
	ONEIDA							
*		ARISE HEALTH PLAN	604.40	0.00	604.40	1507.30	0.00	1507.30
		SECURITY HEALTH PLAN	930.80	0.00	930.80	2323.30	0.00	2323.30
		STANDARD PLAN: BALANCE OF STATE	928.50	0.00	928.50	2317.60	0.00	2317.60
	OUTAGAMIE							
		ANTHEM BCBS NORTHEAST	574.56	465.04	1039.60	1432.52	1162.78	2595.30
		ARISE HEALTH PLAN	574.56	29.84	604.40	1432.52	74.78	1507.30
		HUMANA EASTERN	574.56	300.64	875.20	1432.52	751.78	2184.30
		NETWORK HEALTH PLAN	547.20	0.00	547.20	1364.30	0.00	1364.30
		UNITEDHEALTHCARE NE	574.56	10.54	585.10	1432.52	26.48	1459.00
		STANDARD PLAN: BALANCE OF STATE	574.56	353.94	928.50	1432.52	885.08	2317.60
	OZAUKEE							
		ANTHEM BCBS SOUTHEAST	668.33	371.27	1039.60	1666.88	928.42	2595.30
		HUMANA EASTERN	668.33	206.87	875.20	1666.88	517.42	2184.30
		UNITEDHEALTHCARE SE	636.50	0.00	636.50	1587.50	0.00	1587.50
		WPS METRO CHOICE	668.33	184.77	853.10	1666.88	462.12	2129.00
		STANDARD PLAN: WAUKESHA	668.33	260.17	928.50	1666.88	650.72	2317.60
	PEPIN							
*		GUNDERSEN LUTHERAN HEALTH PLAN	648.38	9.92	658.30	1617.21	24.79	1642.00
*		HUMANA WESTERN	648.38	111.82	760.20	1617.21	279.59	1896.80
*		SECURITY HEALTH PLAN	648.38	282.42	930.80	1617.21	706.09	2323.30
		STATE MAINTENANCE PLAN (SMP)	617.50	0.00	617.50	1540.20	0.00	1540.20
		STANDARD PLAN: BALANCE OF STATE	648.38	280.12	928.50	1617.21	700.39	2317.60

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Traditional HMO - Classic Standard Plan (P02)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	PIERCE						
*	ANTHEM BCBS NORTHWEST	648.38	111.12	759.50	1617.21	277.79	1895.00
*	HUMANA WESTERN	648.38	111.82	760.20	1617.21	279.59	1896.80
	STATE MAINTENANCE PLAN (SMP)	617.50	0.00	617.50	1540.20	0.00	1540.20
	STANDARD PLAN: BALANCE OF STATE	648.38	280.12	928.50	1617.21	700.39	2317.60
	POLK						
	ANTHEM BCBS NORTHWEST	759.50	0.00	759.50	1895.00	0.00	1895.00
	GHC OF EAU CLAIRE	737.40	0.00	737.40	1839.80	0.00	1839.80
*	HUMANA WESTERN	760.20	0.00	760.20	1896.80	0.00	1896.80
	STANDARD PLAN: DANE	774.27	86.23	860.50	1931.79	215.61	2147.40
	PORTAGE						
*	ARISE HEALTH PLAN	604.40	0.00	604.40	1507.30	0.00	1507.30
	SECURITY HEALTH PLAN	930.80	0.00	930.80	2323.30	0.00	2323.30
	STANDARD PLAN: BALANCE OF STATE	928.50	0.00	928.50	2317.60	0.00	2317.60
	PRICE						
	SECURITY HEALTH PLAN	930.80	0.00	930.80	2323.30	0.00	2323.30
	STANDARD PLAN: BALANCE OF STATE	928.50	0.00	928.50	2317.60	0.00	2317.60
	RACINE						
	ANTHEM BCBS SOUTHEAST	668.33	371.27	1039.60	1666.88	928.42	2595.30
	HUMANA EASTERN	668.33	206.87	875.20	1666.88	517.42	2184.30
	UNITEDHEALTHCARE SE	636.50	0.00	636.50	1587.50	0.00	1587.50
	WPS METRO CHOICE	668.33	184.77	853.10	1666.88	462.12	2129.00
	STANDARD PLAN: WAUKESHA	668.33	260.17	928.50	1666.88	650.72	2317.60
	RICHLAND						
	DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
	GUNDERSEN LUTHERAN HEALTH PLAN	469.88	188.42	658.30	1170.75	471.25	1642.00
	HEALTH TRADITION HEALTH PLAN	469.88	163.42	633.30	1170.75	408.75	1579.50
	PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	0.00	466.90	1163.50	0.00	1163.50
	UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
	STANDARD PLAN: BALANCE OF STATE	469.88	458.62	928.50	1170.75	1146.85	2317.60
	ROCK						
	ANTHEM BCBS SOUTHEAST	469.88	569.72	1039.60	1170.75	1424.55	2595.30
	DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
*	HUMANA EASTERN	469.88	405.32	875.20	1170.75	1013.55	2184.30
	MERCYCARE HEALTH PLAN	460.80	0.00	460.80	1148.30	0.00	1148.30
*	PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	0.00	466.90	1163.50	0.00	1163.50
	UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
	STANDARD PLAN: BALANCE OF STATE	469.88	458.62	928.50	1170.75	1146.85	2317.60
	RUSK						
	GHC OF EAU CLAIRE	737.40	0.00	737.40	1839.80	0.00	1839.80
	SECURITY HEALTH PLAN	774.27	156.53	930.80	1931.79	391.51	2323.30
	STANDARD PLAN: BALANCE OF STATE	774.27	154.23	928.50	1931.79	385.81	2317.60
	SAUK						
	DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
*	GUNDERSEN LUTHERAN HEALTH PLAN	469.88	188.42	658.30	1170.75	471.25	1642.00
*	HEALTH TRADITION HEALTH PLAN	469.88	163.42	633.30	1170.75	408.75	1579.50
	PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	0.00	466.90	1163.50	0.00	1163.50
	UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
	STANDARD PLAN: BALANCE OF STATE	469.88	458.62	928.50	1170.75	1146.85	2317.60
	SAWYER						
	GHC OF EAU CLAIRE	737.40	0.00	737.40	1839.80	0.00	1839.80
	SECURITY HEALTH PLAN	774.27	156.53	930.80	1931.79	391.51	2323.30
	STANDARD PLAN: BALANCE OF STATE	774.27	154.23	928.50	1931.79	385.81	2317.60

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:			Single Coverage			Family Coverage		
		Traditional HMO - Classic Standard Plan (P02)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	SHAWANO							
		ANTHEM BCBS NORTHEAST	634.62	404.98	1039.60	1582.67	1012.63	2595.30
		ARISE HEALTH PLAN	604.40	0.00	604.40	1507.30	0.00	1507.30
		HUMANA EASTERN	634.62	240.58	875.20	1582.67	601.63	2184.30
*		SECURITY HEALTH PLAN	634.62	296.18	930.80	1582.67	740.63	2323.30
*		UNITEDHEALTHCARE NE	585.10	0.00	585.10	1459.00	0.00	1459.00
		STANDARD PLAN: BALANCE OF STATE	634.62	293.88	928.50	1582.67	734.93	2317.60
	SHEBOYGAN							
		ANTHEM BCBS NORTHEAST	574.56	465.04	1039.60	1432.52	1162.78	2595.30
		ARISE HEALTH PLAN	574.56	29.84	604.40	1432.52	74.78	1507.30
		HUMANA EASTERN	574.56	300.64	875.20	1432.52	751.78	2184.30
		NETWORK HEALTH PLAN	547.20	0.00	547.20	1364.30	0.00	1364.30
		UNITEDHEALTHCARE NE	574.56	10.54	585.10	1432.52	26.48	1459.00
		STANDARD PLAN: BALANCE OF STATE	574.56	353.94	928.50	1432.52	885.08	2317.60
	ST. CROIX							
		ANTHEM BCBS NORTHWEST	759.50	0.00	759.50	1895.00	0.00	1895.00
		GHC OF EAU CLAIRE	737.40	0.00	737.40	1839.80	0.00	1839.80
*		HEALTH TRADITION HEALTH PLAN	633.30	0.00	633.30	1579.50	0.00	1579.50
		HUMANA WESTERN	760.20	0.00	760.20	1896.80	0.00	1896.80
*		SECURITY HEALTH PLAN	774.27	156.53	930.80	1931.79	391.51	2323.30
		STANDARD PLAN: DANE	774.27	86.23	860.50	1931.79	215.61	2147.40
	TAYLOR							
		ARISE HEALTH PLAN	604.40	0.00	604.40	1507.30	0.00	1507.30
		SECURITY HEALTH PLAN	634.62	296.18	930.80	1582.67	740.63	2323.30
		STANDARD PLAN: BALANCE OF STATE	634.62	293.88	928.50	1582.67	734.93	2317.60
	TREMPEALEAU							
		GHC OF EAU CLAIRE	664.97	72.43	737.40	1658.48	181.32	1839.80
		GUNDERSEN LUTHERAN HEALTH PLAN	658.30	0.00	658.30	1642.00	0.00	1642.00
		HEALTH TRADITION HEALTH PLAN	633.30	0.00	633.30	1579.50	0.00	1579.50
*		SECURITY HEALTH PLAN	664.97	265.83	930.80	1658.48	664.82	2323.30
		STANDARD PLAN: BALANCE OF STATE	664.97	263.53	928.50	1658.48	659.12	2317.60
	VERNON							
*		DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
		GUNDERSEN LUTHERAN HEALTH PLAN	469.88	188.42	658.30	1170.75	471.25	1642.00
		HEALTH TRADITION HEALTH PLAN	469.88	163.42	633.30	1170.75	408.75	1579.50
*		SECURITY HEALTH PLAN	469.88	460.92	930.80	1170.75	1152.55	2323.30
		UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
		STANDARD PLAN: BALANCE OF STATE	469.88	458.62	928.50	1170.75	1146.85	2317.60
	VILAS							
*		ARISE HEALTH PLAN	604.40	0.00	604.40	1507.30	0.00	1507.30
		SECURITY HEALTH PLAN	930.80	0.00	930.80	2323.30	0.00	2323.30
		STANDARD PLAN: BALANCE OF STATE	928.50	0.00	928.50	2317.60	0.00	2317.60
	WALWORTH							
		ANTHEM BCBS SOUTHEAST	469.88	569.72	1039.60	1170.75	1424.55	2595.30
*		DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
		HUMANA EASTERN	469.88	405.32	875.20	1170.75	1013.55	2184.30
		MERCYCARE HEALTH PLAN	460.80	0.00	460.80	1148.30	0.00	1148.30
*		UNITEDHEALTHCARE SE	469.88	166.62	636.50	1170.75	416.75	1587.50
		UNITY COMMUNITY	447.50	0.00	447.50	1115.00	0.00	1115.00
		STANDARD PLAN: BALANCE OF STATE	469.88	458.62	928.50	1170.75	1146.85	2317.60
	WASHBURN							
		ANTHEM BCBS NORTHWEST	759.50	0.00	759.50	1895.00	0.00	1895.00
		GHC OF EAU CLAIRE	737.40	0.00	737.40	1839.80	0.00	1839.80
*		GUNDERSEN LUTHERAN HEALTH PLAN	658.30	0.00	658.30	1642.00	0.00	1642.00
		SECURITY HEALTH PLAN	774.27	156.53	930.80	1931.79	391.51	2323.30
		STANDARD PLAN: BALANCE OF STATE	774.27	154.23	928.50	1931.79	385.81	2317.60

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:			Single Coverage			Family Coverage		
		Traditional HMO - Classic Standard Plan (P02)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	WASHINGTON							
		ANTHEM BCBS SOUTHEAST	668.33	371.27	1039.60	1666.88	928.42	2595.30
		HUMANA EASTERN	668.33	206.87	875.20	1666.88	517.42	2184.30
		UNITEDHEALTHCARE SE	636.50	0.00	636.50	1587.50	0.00	1587.50
		WPS METRO CHOICE	668.33	184.77	853.10	1666.88	462.12	2129.00
		STANDARD PLAN: WAUKESHA	668.33	260.17	928.50	1666.88	650.72	2317.60
	WAUKESHA							
		ANTHEM BCBS SOUTHEAST	668.33	371.27	1039.60	1666.88	928.42	2595.30
*		DEAN HEALTH PLAN	460.00	0.00	460.00	1146.30	0.00	1146.30
		HUMANA EASTERN	668.33	206.87	875.20	1666.88	517.42	2184.30
		UNITEDHEALTHCARE SE	636.50	0.00	636.50	1587.50	0.00	1587.50
		WPS METRO CHOICE	668.33	184.77	853.10	1666.88	462.12	2129.00
		STANDARD PLAN: WAUKESHA	668.33	260.17	928.50	1666.88	650.72	2317.60
	WAUPACA							
		ANTHEM BCBS NORTHEAST	574.56	465.04	1039.60	1432.52	1162.78	2595.30
*		ARISE HEALTH PLAN	574.56	29.84	604.40	1432.52	74.78	1507.30
		HUMANA EASTERN	574.56	300.64	875.20	1432.52	751.78	2184.30
		NETWORK HEALTH PLAN	547.20	0.00	547.20	1364.30	0.00	1364.30
*		SECURITY HEALTH PLAN	574.56	356.24	930.80	1432.52	890.78	2323.30
*		UNITEDHEALTHCARE NE	574.56	10.54	585.10	1432.52	26.48	1459.00
		STANDARD PLAN: BALANCE OF STATE	574.56	353.94	928.50	1432.52	885.08	2317.60
	WAUSHARA							
		ANTHEM BCBS NORTHEAST	490.25	549.35	1039.60	1221.68	1373.62	2595.30
		HUMANA EASTERN	490.25	384.95	875.20	1221.68	962.62	2184.30
		NETWORK HEALTH PLAN	490.25	56.95	547.20	1221.68	142.62	1364.30
		PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	0.00	466.90	1163.50	0.00	1163.50
		SECURITY HEALTH PLAN	490.25	440.55	930.80	1221.68	1101.62	2323.30
*		UNITEDHEALTHCARE NE	490.25	94.85	585.10	1221.68	237.32	1459.00
		STANDARD PLAN: BALANCE OF STATE	490.25	438.25	928.50	1221.68	1095.92	2317.60
	WINNEBAGO							
		ANTHEM BCBS NORTHEAST	574.56	465.04	1039.60	1432.52	1162.78	2595.30
*		ARISE HEALTH PLAN	574.56	29.84	604.40	1432.52	74.78	1507.30
		HUMANA EASTERN	574.56	300.64	875.20	1432.52	751.78	2184.30
		NETWORK HEALTH PLAN	547.20	0.00	547.20	1364.30	0.00	1364.30
		UNITEDHEALTHCARE NE	574.56	10.54	585.10	1432.52	26.48	1459.00
		STANDARD PLAN: BALANCE OF STATE	574.56	353.94	928.50	1432.52	885.08	2317.60
	WOOD							
		ARISE HEALTH PLAN	604.40	0.00	604.40	1507.30	0.00	1507.30
		SECURITY HEALTH PLAN	634.62	296.18	930.80	1582.67	740.63	2323.30
		STANDARD PLAN: BALANCE OF STATE	634.62	293.88	928.50	1582.67	734.93	2317.60

*Non-Qualified Plan in the County