2009 Local Low Cost Plan:			Single Coverage			Family Coverage		
Deductible HMO - Deductible Standard Plan (P04)			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	ADAMS							
		DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
		PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	0.00	419.50	1045.00	0.00	1045.00
		SECURITY HEALTH PLAN	434.18	410.72	844.90	1081.50	1027.00	2108.50
		UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
		STANDARD PLAN: BALANCE OF STATE	434.18	414.12	848.30	1081.50	1035.50	2117.00
	ASHLAND							
		ANTHEM BCBS NORTHWEST	685.60	0.00	685.60	1710.30	0.00	1710.30
		GHC OF EAU CLAIRE	677.50	0.00	677.50	1690.00	0.00	1690.00
		SECURITY HEALTH PLAN	711.38	133.52	844.90	1774.50	334.00	2108.50
		STANDARD PLAN: BALANCE OF STATE	711.38	136.92	848.30	1774.50	342.50	2117.00
	BARRON							
		GHC OF EAU CLAIRE	594.20	83.30	677.50	1481.55	208.45	1690.00
*		GUNDERSEN LUTHERAN HEALTH PLAN	594.20	23.10	617.30	1481.55	57.95	1539.50
		HEALTH TRADITION HEALTH PLAN	565.90	0.00	565.90	1411.00	0.00	1411.00
		HUMANA WESTERN	594.20	97.10	691.30	1481.55	242.95	1724.50
		SECURITY HEALTH PLAN	594.20	250.70	844.90	1481.55	626.95	2108.50
		STANDARD PLAN: BALANCE OF STATE	594.20	254.10	848.30	1481.55	635.45	2117.00
	BAYFIELD							
*		ANTHEM BCBS NORTHWEST	592.83	92.77	685.60	1478.40	231.90	1710.30
*		SECURITY HEALTH PLAN	592.83	252.07	844.90	1478.40	630.10	2108.50
		STATE MAINTENANCE PLAN (SMP)	564.60	0.00	564.60	1408.00	0.00	1408.00
		STANDARD PLAN: BALANCE OF STATE	592.83	255.47	848.30	1478.40	638.60	2117.00
	BROWN							
		ANTHEM BCBS NORTHEAST	519.54	403.96	923.50	1294.97	1010.03	2305.00
		ARISE HEALTH PLAN	519.54	31.46	551.00	1294.97	78.83	1373.80
		HUMANA EASTERN	519.54	275.16	794.70	1294.97	688.03	1983.00
		NETWORK HEALTH PLAN	494.80	0.00	494.80	1233.30	0.00	1233.30
		UNITEDHEALTHCARE NE	519.54	14.06	533.60	1294.97	35.33	1330.30
		STANDARD PLAN: BALANCE OF STATE	519.54	328.76	848.30	1294.97	822.03	2117.00
	BUFFALO							
*		GHC OF EAU CLAIRE	592.83	84.67	677.50	1478.40	211.60	1690.00
*		HEALTH TRADITION HEALTH PLAN	565.90	0.00	565.90	1411.00	0.00	1411.00
		STATE MAINTENANCE PLAN (SMP)	564.60	0.00	564.60	1408.00	0.00	1408.00
		STANDARD PLAN: BALANCE OF STATE	592.83	255.47	848.30	1478.40	638.60	2117.00
	BURNETT							
		GHC OF EAU CLAIRE	677.50	0.00	677.50	1690.00	0.00	1690.00
*		SECURITY HEALTH PLAN	711.38	133.52	844.90	1774.50	334.00	2108.50
		STANDARD PLAN: BALANCE OF STATE	711.38	136.92	848.30	1774.50	342.50	2117.00
	CALUMET							
*		ANTHEM BCBS NORTHEAST	519.54	403.96	923.50	1294.97	1010.03	2305.00
*		ARISE HEALTH PLAN	519.54	31.46	551.00	1294.97	78.83	1373.80
*		HUMANA EASTERN	519.54	275.16	794.70	1294.97	688.03	1983.00
		NETWORK HEALTH PLAN	494.80	0.00	494.80	1233.30	0.00	1233.30
*		UNITEDHEALTHCARE NE	519.54	14.06	533.60	1294.97	35.33	1330.30
		STANDARD PLAN: BALANCE OF STATE	519.54	328.76	848.30	1294.97	822.03	2117.00
	CHIPPEWA							
		GHC OF EAU CLAIRE	594.20	83.30	677.50	1481.55	208.45	1690.00
*		GUNDERSEN LUTHERAN HEALTH PLAN	594.20	23.10	617.30	1481.55	57.95	1539.50
		HEALTH TRADITION HEALTH PLAN	565.90	0.00	565.90	1411.00	0.00	1411.00
		HUMANA WESTERN	594.20	97.10	691.30	1481.55	242.95	1724.50
		SECURITY HEALTH PLAN	594.20	250.70	844.90	1481.55	626.95	2108.50
		STANDARD PLAN: BALANCE OF STATE	594.20	254.10	848.30	1481.55	635.45	2117.00

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard Plan (P04)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	CLARK						
*	ARISE HEALTH PLAN	551.00	0.00	551.00	1373.80	0.00	1373.80
	GHC OF EAU CLAIRE	648.17	29.33	677.50	1616.48	73.52	1690.00
	GUNDERSEN LUTHERAN HEALTH PLAN	617.30	0.00	617.30	1539.50	0.00	1539.50
	SECURITY HEALTH PLAN	648.17	196.73	844.90	1616.48	492.02	2108.50
	STANDARD PLAN: BALANCE OF STATE	648.17	200.13	848.30	1616.48	500.52	2117.00
	COLUMBIA						
	DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
	PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	0.00	419.50	1045.00	0.00	1045.00
	UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
	STANDARD PLAN: BALANCE OF STATE	434.18	414.12	848.30	1081.50	1035.50	2117.00
	CRAWFORD						
*	GUNDERSEN LUTHERAN HEALTH PLAN	592.83	24.47	617.30	1478.40	61.10	1539.50
*	HEALTH TRADITION HEALTH PLAN	565.90	0.00	565.90	1411.00	0.00	1411.00
*	UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
	STATE MAINTENANCE PLAN (SMP)	564.60	0.00	564.60	1408.00	0.00	1408.00
	STANDARD PLAN: BALANCE OF STATE	592.83	255.47	848.30	1478.40	638.60	2117.00
	DANE						
	DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
	GHC OF SOUTH CENTRAL WISCONSIN	434.18	12.02	446.20	1081.50	30.30	1111.80
	PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	0.00	419.50	1045.00	0.00	1045.00
	UNITY UW HEALTH	425.00	0.00	425.00	1058.80	0.00	1058.80
	STANDARD PLAN: DANE	434.18	353.42	787.60	1081.50	883.90	1965.40
	DODGE						
	ANTHEM BCBS SOUTHEAST	434.18	489.32	923.50	1081.50	1223.50	2305.00
	DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
	HUMANA EASTERN	434.18	360.52	794.70	1081.50	901.50	1983.00
	NETWORK HEALTH PLAN	434.18	60.62	494.80	1081.50	151.80	1233.30
	UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
	STANDARD PLAN: BALANCE OF STATE	434.18	414.12	848.30	1081.50	1035.50	2117.00
	DOOR						
	ANTHEM BCBS NORTHEAST	519.54	403.96	923.50	1294.97	1010.03	2305.00
	ARISE HEALTH PLAN	519.54	31.46	551.00	1294.97	78.83	1373.80
*	HUMANA EASTERN	519.54	275.16	794.70	1294.97	688.03	1983.00
	NETWORK HEALTH PLAN	494.80	0.00	494.80	1233.30	0.00	1233.30
*	UNITEDHEALTHCARE NE	519.54	14.06	533.60	1294.97	35.33	1330.30
	STANDARD PLAN: BALANCE OF STATE	519.54	328.76	848.30	1294.97	822.03	2117.00
	DOUGLAS						
	ANTHEM BCBS NORTHWEST	685.60	0.00	685.60	1710.30	0.00	1710.30
	GHC OF EAU CLAIRE	677.50	0.00	677.50	1690.00	0.00	1690.00
	HUMANA WESTERN	691.30	0.00	691.30	1724.50	0.00	1724.50
	SECURITY HEALTH PLAN	711.38	133.52	844.90	1774.50	334.00	2108.50
	STANDARD PLAN: BALANCE OF STATE	711.38	136.92	848.30	1774.50	342.50	2117.00
	DUNN						
	GHC OF EAU CLAIRE	677.50	0.00	677.50	1690.00	0.00	1690.00
*	HEALTH TRADITION HEALTH PLAN	565.90	0.00	565.90	1411.00	0.00	1411.00
*	HUMANA WESTERN	691.30	0.00	691.30	1724.50	0.00	1724.50
*	SECURITY HEALTH PLAN	711.38	133.52	844.90	1774.50	334.00	2108.50
	STANDARD PLAN: BALANCE OF STATE	711.38	136.92	848.30	1774.50	342.50	2117.00
	EAU CLAIRE						
	ANTHEM BCBS NORTHWEST	594.20	91.40	685.60	1481.55	228.75	1710.30
	GHC OF EAU CLAIRE	594.20	83.30	677.50	1481.55	208.45	1690.00
	GUNDERSEN LUTHERAN HEALTH PLAN	594.20	23.10	617.30	1481.55	57.95	1539.50
	HEALTH TRADITION HEALTH PLAN	565.90	0.00	565.90	1411.00	0.00	1411.00
	HUMANA WESTERN	594.20	97.10	691.30	1481.55	242.95	1724.50
	SECURITY HEALTH PLAN	594.20	250.70	844.90	1481.55	626.95	2108.50
	STANDARD PLAN: BALANCE OF STATE	594.20	254.10	848.30	1481.55	635.45	2117.00

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard Plan (P04)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	FLORENCE						
	STATE MAINTENANCE PLAN (SMP)	564.60	0.00	564.60	1408.00	0.00	1408.00
	STANDARD PLAN: BALANCE OF STATE	592.83	255.47	848.30	1478.40	638.60	2117.00
	FOND DU LAC						
	ANTHEM BCBS NORTHEAST	434.18	489.32	923.50	1081.50	1223.50	2305.00
*	ARISE HEALTH PLAN	434.18	116.82	551.00	1081.50	292.30	1373.80
	DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
	HUMANA EASTERN	434.18	360.52	794.70	1081.50	901.50	1983.00
	NETWORK HEALTH PLAN	434.18	60.62	494.80	1081.50	151.80	1233.30
	UNITEDHEALTHCARE NE	434.18	99.42	533.60	1081.50	248.80	1330.30
	UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
	STANDARD PLAN: BALANCE OF STATE	434.18	414.12	848.30	1081.50	1035.50	2117.00
	FOREST						
*	SECURITY HEALTH PLAN	592.83	252.07	844.90	1478.40	630.10	2108.50
	STATE MAINTENANCE PLAN (SMP)	564.60	0.00	564.60	1408.00	0.00	1408.00
	STANDARD PLAN: BALANCE OF STATE	592.83	255.47	848.30	1478.40	638.60	2117.00
	GRANT						
	DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
	GUNDERSEN LUTHERAN HEALTH PLAN	434.18	183.12	617.30	1081.50	458.00	1539.50
*	HEALTH TRADITION HEALTH PLAN	434.18	131.72	565.90	1081.50	329.50	1411.00
	MEDICAL ASSOCIATES HEALTH PLAN	434.18	25.12	459.30	1081.50	63.00	1144.50
	PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	0.00	419.50	1045.00	0.00	1045.00
	UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
	STANDARD PLAN: DANE	434.18	353.42	787.60	1081.50	883.90	1965.40
	GREEN						
	DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
*	MERCYCARE HEALTH PLAN	422.00	0.00	422.00	1051.30	0.00	1051.30
	UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
	STANDARD PLAN: BALANCE OF STATE	434.18	414.12	848.30	1081.50	1035.50	2117.00
	GREEN LAKE						
	ANTHEM BCBS NORTHEAST	519.54	403.96	923.50	1294.97	1010.03	2305.00
*	ARISE HEALTH PLAN	519.54	31.46	551.00	1294.97	78.83	1373.80
*	DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
	HUMANA EASTERN	519.54	275.16	794.70	1294.97	688.03	1983.00
	NETWORK HEALTH PLAN	494.80	0.00	494.80	1233.30	0.00	1233.30
*	PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	0.00	419.50	1045.00	0.00	1045.00
	UNITEDHEALTHCARE NE	519.54	14.06	533.60	1294.97	35.33	1330.30
	STANDARD PLAN: BALANCE OF STATE	519.54	328.76	848.30	1294.97	822.03	2117.00
	IOWA						
	DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
	MEDICAL ASSOCIATES HEALTH PLAN	434.18	25.12	459.30	1081.50	63.00	1144.50
	PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	0.00	419.50	1045.00	0.00	1045.00
	UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
	STANDARD PLAN: BALANCE OF STATE	434.18	414.12	848.30	1081.50	1035.50	2117.00
	IRON						
*	SECURITY HEALTH PLAN	592.83	252.07	844.90	1478.40	630.10	2108.50
	STATE MAINTENANCE PLAN (SMP)	564.60	0.00	564.60	1408.00	0.00	1408.00
	STANDARD PLAN: BALANCE OF STATE	592.83	255.47	848.30	1478.40	638.60	2117.00
	JACKSON						
	GHC OF EAU CLAIRE	594.20	83.30	677.50	1481.55	208.45	1690.00
	GUNDERSEN LUTHERAN HEALTH PLAN	594.20	23.10	617.30	1481.55	57.95	1539.50
	HEALTH TRADITION HEALTH PLAN	565.90	0.00	565.90	1411.00	0.00	1411.00
	SECURITY HEALTH PLAN	594.20	250.70	844.90	1481.55	626.95	2108.50
	STANDARD PLAN: BALANCE OF STATE	594.20	254.10	848.30	1481.55	635.45	2117.00

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:			Single Coverage			Family Coverage		
		Deductible HMO - Deductible Standard Plan (P04)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	JEFFERSON							
		ANTHEM BCBS SOUTHEAST	434.18	489.32	923.50	1081.50	1223.50	2305.00
		DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
		HUMANA EASTERN	434.18	360.52	794.70	1081.50	901.50	1983.00
		MERCYCARE HEALTH PLAN	422.00	0.00	422.00	1051.30	0.00	1051.30
		UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
		STANDARD PLAN: DANE	434.18	353.42	787.60	1081.50	883.90	1965.40
	JUNEAU							
*		DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
		GUNDERSEN LUTHERAN HEALTH PLAN	594.20	23.10	617.30	1481.55	57.95	1539.50
		HEALTH TRADITION HEALTH PLAN	565.90	0.00	565.90	1411.00	0.00	1411.00
		SECURITY HEALTH PLAN	594.20	250.70	844.90	1481.55	626.95	2108.50
*		UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
		STANDARD PLAN: BALANCE OF STATE	594.20	254.10	848.30	1481.55	635.45	2117.00
	KENOSHA							
		ANTHEM BCBS SOUTHEAST	608.16	315.34	923.50	1516.52	788.48	2305.00
		HUMANA EASTERN	608.16	186.54	794.70	1516.52	466.48	1983.00
		UNITEDHEALTHCARE SE	579.20	0.00	579.20	1444.30	0.00	1444.30
		STANDARD PLAN: WAUKESHA	608.16	240.14	848.30	1516.52	600.48	2117.00
	KEWAUNEE							
*		ANTHEM BCBS NORTHEAST	519.54	403.96	923.50	1294.97	1010.03	2305.00
		ARISE HEALTH PLAN	519.54	31.46	551.00	1294.97	78.83	1373.80
*		HUMANA EASTERN	519.54	275.16	794.70	1294.97	688.03	1983.00
		NETWORK HEALTH PLAN	494.80	0.00	494.80	1233.30	0.00	1233.30
*		UNITEDHEALTHCARE NE	519.54	14.06	533.60	1294.97	35.33	1330.30
		STANDARD PLAN: BALANCE OF STATE	519.54	328.76	848.30	1294.97	822.03	2117.00
	LACROSSE							
		GUNDERSEN LUTHERAN HEALTH PLAN	594.20	23.10	617.30	1481.55	57.95	1539.50
		HEALTH TRADITION HEALTH PLAN	565.90	0.00	565.90	1411.00	0.00	1411.00
		STANDARD PLAN: DANE	594.20	193.40	787.60	1481.55	483.85	1965.40
	LAFAYETTE							
*		DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
		MEDICAL ASSOCIATES HEALTH PLAN	440.48	18.82	459.30	1097.25	47.25	1144.50
		PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	0.00	419.50	1045.00	0.00	1045.00
*		UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
		STANDARD PLAN: BALANCE OF STATE	440.48	407.82	848.30	1097.25	1019.75	2117.00
	LANGLADE							
		ARISE HEALTH PLAN	551.00	0.00	551.00	1373.80	0.00	1373.80
		SECURITY HEALTH PLAN	578.55	266.35	844.90	1442.49	666.01	2108.50
		STANDARD PLAN: BALANCE OF STATE	578.55	269.75	848.30	1442.49	674.51	2117.00
	LINCOLN							
*		ARISE HEALTH PLAN	551.00	0.00	551.00	1373.80	0.00	1373.80
		SECURITY HEALTH PLAN	844.90	0.00	844.90	2108.50	0.00	2108.50
		STANDARD PLAN: BALANCE OF STATE	848.30	0.00	848.30	2117.00	0.00	2117.00
	MANITOWOC							
		ANTHEM BCBS NORTHEAST	519.54	403.96	923.50	1294.97	1010.03	2305.00
		ARISE HEALTH PLAN	519.54	31.46	551.00	1294.97	78.83	1373.80
		HUMANA EASTERN	519.54	275.16	794.70	1294.97	688.03	1983.00
		NETWORK HEALTH PLAN	494.80	0.00	494.80	1233.30	0.00	1233.30
		UNITEDHEALTHCARE NE	519.54	14.06	533.60	1294.97	35.33	1330.30
		STANDARD PLAN: BALANCE OF STATE	519.54	328.76	848.30	1294.97	822.03	2117.00
	MARATHON							
		ARISE HEALTH PLAN	551.00	0.00	551.00	1373.80	0.00	1373.80
		SECURITY HEALTH PLAN	578.55	266.35	844.90	1442.49	666.01	2108.50
		STANDARD PLAN: BALANCE OF STATE	578.55	269.75	848.30	1442.49	674.51	2117.00

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:			Single Coverage			Family Coverage		
		Deductible HMO - Deductible Standard Plan (P04)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	MARINETTE							
		ANTHEM BCBS NORTHEAST	560.28	363.22	923.50	1396.82	908.18	2305.00
		ARISE HEALTH PLAN	551.00	0.00	551.00	1373.80	0.00	1373.80
		HUMANA EASTERN	560.28	234.42	794.70	1396.82	586.18	1983.00
		UNITEDHEALTHCARE NE	533.60	0.00	533.60	1330.30	0.00	1330.30
		STANDARD PLAN: BALANCE OF STATE	560.28	288.02	848.30	1396.82	720.18	2117.00
	MARQUETTE							
*		DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
*		NETWORK HEALTH PLAN	440.48	54.32	494.80	1097.25	136.05	1233.30
		PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	0.00	419.50	1045.00	0.00	1045.00
*		UNITEDHEALTHCARE NE	440.48	93.12	533.60	1097.25	233.05	1330.30
*		UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
		STANDARD PLAN: BALANCE OF STATE	440.48	407.82	848.30	1097.25	1019.75	2117.00
	MENOMINEE							
		STATE MAINTENANCE PLAN (SMP)	564.60	0.00	564.60	1408.00	0.00	1408.00
		STANDARD PLAN: BALANCE OF STATE	592.83	255.47	848.30	1478.40	638.60	2117.00
	MILWAUKEE							
		ANTHEM BCBS SOUTHEAST	608.16	315.34	923.50	1516.52	788.48	2305.00
		HUMANA EASTERN	608.16	186.54	794.70	1516.52	466.48	1983.00
		UNITEDHEALTHCARE SE	579.20	0.00	579.20	1444.30	0.00	1444.30
		WPS METRO CHOICE	608.16	166.74	774.90	1516.52	416.98	1933.50
		STANDARD PLAN: MILWAUKEE	608.16	309.14	917.30	1516.52	772.98	2289.50
	MONROE							
		GUNDERSEN LUTHERAN HEALTH PLAN	594.20	23.10	617.30	1481.55	57.95	1539.50
		HEALTH TRADITION HEALTH PLAN	565.90	0.00	565.90	1411.00	0.00	1411.00
		STANDARD PLAN: BALANCE OF STATE	594.20	254.10	848.30	1481.55	635.45	2117.00
	OCONTO							
*		ANTHEM BCBS NORTHEAST	578.55	344.95	923.50	1442.49	862.51	2305.00
		ARISE HEALTH PLAN	551.00	0.00	551.00	1373.80	0.00	1373.80
*		HUMANA EASTERN	578.55	216.15	794.70	1442.49	540.51	1983.00
*		NETWORK HEALTH PLAN	494.80	0.00	494.80	1233.30	0.00	1233.30
*		UNITEDHEALTHCARE NE	533.60	0.00	533.60	1330.30	0.00	1330.30
		STANDARD PLAN: BALANCE OF STATE	578.55	269.75	848.30	1442.49	674.51	2117.00
	ONEIDA							
*		ARISE HEALTH PLAN	551.00	0.00	551.00	1373.80	0.00	1373.80
		SECURITY HEALTH PLAN	844.90	0.00	844.90	2108.50	0.00	2108.50
		STANDARD PLAN: BALANCE OF STATE	848.30	0.00	848.30	2117.00	0.00	2117.00
	OUTAGAMIE							
		ANTHEM BCBS NORTHEAST	519.54	403.96	923.50	1294.97	1010.03	2305.00
		ARISE HEALTH PLAN	519.54	31.46	551.00	1294.97	78.83	1373.80
		HUMANA EASTERN	519.54	275.16	794.70	1294.97	688.03	1983.00
		NETWORK HEALTH PLAN	494.80	0.00	494.80	1233.30	0.00	1233.30
		UNITEDHEALTHCARE NE	519.54	14.06	533.60	1294.97	35.33	1330.30
		STANDARD PLAN: BALANCE OF STATE	519.54	328.76	848.30	1294.97	822.03	2117.00
	OZAUKEE							
		ANTHEM BCBS SOUTHEAST	608.16	315.34	923.50	1516.52	788.48	2305.00
		HUMANA EASTERN	608.16	186.54	794.70	1516.52	466.48	1983.00
		UNITEDHEALTHCARE SE	579.20	0.00	579.20	1444.30	0.00	1444.30
		WPS METRO CHOICE	608.16	166.74	774.90	1516.52	416.98	1933.50
		STANDARD PLAN: WAUKESHA	608.16	240.14	848.30	1516.52	600.48	2117.00
	PEPIN							
*		GUNDERSEN LUTHERAN HEALTH PLAN	592.83	24.47	617.30	1478.40	61.10	1539.50
*		HUMANA WESTERN	592.83	98.47	691.30	1478.40	246.10	1724.50
*		SECURITY HEALTH PLAN	592.83	252.07	844.90	1478.40	630.10	2108.50
		STATE MAINTENANCE PLAN (SMP)	564.60	0.00	564.60	1408.00	0.00	1408.00
		STANDARD PLAN: BALANCE OF STATE	592.83	255.47	848.30	1478.40	638.60	2117.00

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard Plan (P04)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	PIERCE						
*	ANTHEM BCBS NORTHWEST	592.83	92.77	685.60	1478.40	231.90	1710.30
*	HUMANA WESTERN	592.83	98.47	691.30	1478.40	246.10	1724.50
	STATE MAINTENANCE PLAN (SMP)	564.60	0.00	564.60	1408.00	0.00	1408.00
	STANDARD PLAN: BALANCE OF STATE	592.83	255.47	848.30	1478.40	638.60	2117.00
	POLK						
	ANTHEM BCBS NORTHWEST	685.60	0.00	685.60	1710.30	0.00	1710.30
	GHC OF EAU CLAIRE	677.50	0.00	677.50	1690.00	0.00	1690.00
*	HUMANA WESTERN	691.30	0.00	691.30	1724.50	0.00	1724.50
	STANDARD PLAN: DANE	711.38	76.22	787.60	1774.50	190.90	1965.40
	PORTAGE						
*	ARISE HEALTH PLAN	551.00	0.00	551.00	1373.80	0.00	1373.80
	SECURITY HEALTH PLAN	844.90	0.00	844.90	2108.50	0.00	2108.50
	STANDARD PLAN: BALANCE OF STATE	848.30	0.00	848.30	2117.00	0.00	2117.00
	PRICE						
	SECURITY HEALTH PLAN	844.90	0.00	844.90	2108.50	0.00	2108.50
	STANDARD PLAN: BALANCE OF STATE	848.30	0.00	848.30	2117.00	0.00	2117.00
	RACINE						
	ANTHEM BCBS SOUTHEAST	608.16	315.34	923.50	1516.52	788.48	2305.00
	HUMANA EASTERN	608.16	186.54	794.70	1516.52	466.48	1983.00
	UNITEDHEALTHCARE SE	579.20	0.00	579.20	1444.30	0.00	1444.30
	WPS METRO CHOICE	608.16	166.74	774.90	1516.52	416.98	1933.50
	STANDARD PLAN: WAUKESHA	608.16	240.14	848.30	1516.52	600.48	2117.00
	RICHLAND						
	DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
	GUNDERSEN LUTHERAN HEALTH PLAN	434.18	183.12	617.30	1081.50	458.00	1539.50
	HEALTH TRADITION HEALTH PLAN	434.18	131.72	565.90	1081.50	329.50	1411.00
	PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	0.00	419.50	1045.00	0.00	1045.00
	UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
	STANDARD PLAN: BALANCE OF STATE	434.18	414.12	848.30	1081.50	1035.50	2117.00
	ROCK						
	ANTHEM BCBS SOUTHEAST	434.18	489.32	923.50	1081.50	1223.50	2305.00
	DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
*	HUMANA EASTERN	434.18	360.52	794.70	1081.50	901.50	1983.00
	MERCYCARE HEALTH PLAN	422.00	0.00	422.00	1051.30	0.00	1051.30
*	PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	0.00	419.50	1045.00	0.00	1045.00
	UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
	STANDARD PLAN: BALANCE OF STATE	434.18	414.12	848.30	1081.50	1035.50	2117.00
	RUSK						
	GHC OF EAU CLAIRE	677.50	0.00	677.50	1690.00	0.00	1690.00
	SECURITY HEALTH PLAN	711.38	133.52	844.90	1774.50	334.00	2108.50
	STANDARD PLAN: BALANCE OF STATE	711.38	136.92	848.30	1774.50	342.50	2117.00
	SAUK						
	DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
*	GUNDERSEN LUTHERAN HEALTH PLAN	434.18	183.12	617.30	1081.50	458.00	1539.50
*	HEALTH TRADITION HEALTH PLAN	434.18	131.72	565.90	1081.50	329.50	1411.00
	PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	0.00	419.50	1045.00	0.00	1045.00
	UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
	STANDARD PLAN: BALANCE OF STATE	434.18	414.12	848.30	1081.50	1035.50	2117.00
	SAWYER						
	GHC OF EAU CLAIRE	677.50	0.00	677.50	1690.00	0.00	1690.00
	SECURITY HEALTH PLAN	711.38	133.52	844.90	1774.50	334.00	2108.50
	STANDARD PLAN: BALANCE OF STATE	711.38	136.92	848.30	1774.50	342.50	2117.00

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard Plan (P04)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	SHAWANO						
	ANTHEM BCBS NORTHEAST	578.55	344.95	923.50	1442.49	862.51	2305.00
	ARISE HEALTH PLAN	551.00	0.00	551.00	1373.80	0.00	1373.80
	HUMANA EASTERN	578.55	216.15	794.70	1442.49	540.51	1983.00
*	SECURITY HEALTH PLAN	578.55	266.35	844.90	1442.49	666.01	2108.50
*	UNITEDHEALTHCARE NE	533.60	0.00	533.60	1330.30	0.00	1330.30
	STANDARD PLAN: BALANCE OF STATE	578.55	269.75	848.30	1442.49	674.51	2117.00
	SHEBOYGAN						
	ANTHEM BCBS NORTHEAST	519.54	403.96	923.50	1294.97	1010.03	2305.00
	ARISE HEALTH PLAN	519.54	31.46	551.00	1294.97	78.83	1373.80
	HUMANA EASTERN	519.54	275.16	794.70	1294.97	688.03	1983.00
	NETWORK HEALTH PLAN	494.80	0.00	494.80	1233.30	0.00	1233.30
	UNITEDHEALTHCARE NE	519.54	14.06	533.60	1294.97	35.33	1330.30
	STANDARD PLAN: BALANCE OF STATE	519.54	328.76	848.30	1294.97	822.03	2117.00
	ST. CROIX						
	ANTHEM BCBS NORTHWEST	685.60	0.00	685.60	1710.30	0.00	1710.30
	GHC OF EAU CLAIRE	677.50	0.00	677.50	1690.00	0.00	1690.00
*	HEALTH TRADITION HEALTH PLAN	565.90	0.00	565.90	1411.00	0.00	1411.00
	HUMANA WESTERN	691.30	0.00	691.30	1724.50	0.00	1724.50
*	SECURITY HEALTH PLAN	711.38	133.52	844.90	1774.50	334.00	2108.50
	STANDARD PLAN: DANE	711.38	76.22	787.60	1774.50	190.90	1965.40
	TAYLOR						
	ARISE HEALTH PLAN	551.00	0.00	551.00	1373.80	0.00	1373.80
	SECURITY HEALTH PLAN	578.55	266.35	844.90	1442.49	666.01	2108.50
	STANDARD PLAN: BALANCE OF STATE	578.55	269.75	848.30	1442.49	674.51	2117.00
	TREMPEALEAU						
	GHC OF EAU CLAIRE	594.20	83.30	677.50	1481.55	208.45	1690.00
	GUNDERSEN LUTHERAN HEALTH PLAN	594.20	23.10	617.30	1481.55	57.95	1539.50
	HEALTH TRADITION HEALTH PLAN	565.90	0.00	565.90	1411.00	0.00	1411.00
*	SECURITY HEALTH PLAN	594.20	250.70	844.90	1481.55	626.95	2108.50
	STANDARD PLAN: BALANCE OF STATE	594.20	254.10	848.30	1481.55	635.45	2117.00
	VERNON						
*	DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
	GUNDERSEN LUTHERAN HEALTH PLAN	442.37	174.93	617.30	1101.98	437.52	1539.50
	HEALTH TRADITION HEALTH PLAN	442.37	123.53	565.90	1101.98	309.02	1411.00
*	SECURITY HEALTH PLAN	442.37	402.53	844.90	1101.98	1006.52	2108.50
	UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
	STANDARD PLAN: BALANCE OF STATE	442.37	405.93	848.30	1101.98	1015.02	2117.00
	VILAS						
*	ARISE HEALTH PLAN	551.00	0.00	551.00	1373.80	0.00	1373.80
	SECURITY HEALTH PLAN	844.90	0.00	844.90	2108.50	0.00	2108.50
	STANDARD PLAN: BALANCE OF STATE	848.30	0.00	848.30	2117.00	0.00	2117.00
	WALWORTH						
	ANTHEM BCBS SOUTHEAST	442.37	481.13	923.50	1101.98	1203.02	2305.00
*	DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
	HUMANA EASTERN	442.37	352.33	794.70	1101.98	881.02	1983.00
	MERCYCARE HEALTH PLAN	422.00	0.00	422.00	1051.30	0.00	1051.30
*	UNITEDHEALTHCARE SE	442.37	136.83	579.20	1101.98	342.32	1444.30
	UNITY COMMUNITY	421.30	0.00	421.30	1049.50	0.00	1049.50
	STANDARD PLAN: BALANCE OF STATE	442.37	405.93	848.30	1101.98	1015.02	2117.00
	WASHBURN						
	ANTHEM BCBS NORTHWEST	685.60	0.00	685.60	1710.30	0.00	1710.30
	GHC OF EAU CLAIRE	677.50	0.00	677.50	1690.00	0.00	1690.00
*	GUNDERSEN LUTHERAN HEALTH PLAN	617.30	0.00	617.30	1539.50	0.00	1539.50
	SECURITY HEALTH PLAN	711.38	133.52	844.90	1774.50	334.00	2108.50
	STANDARD PLAN: BALANCE OF STATE	711.38	136.92	848.30	1774.50	342.50	2117.00

*Non-Qualified Plan in the County

2009 Local Low Cost Plan:			Single Coverage			Family Coverage		
Deductible HMO - Deductible Standard Plan (P04)			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	WASHINGTON							
		ANTHEM BCBS SOUTHEAST	608.16	315.34	923.50	1516.52	788.48	2305.00
		HUMANA EASTERN	608.16	186.54	794.70	1516.52	466.48	1983.00
		UNITEDHEALTHCARE SE	579.20	0.00	579.20	1444.30	0.00	1444.30
		WPS METRO CHOICE	608.16	166.74	774.90	1516.52	416.98	1933.50
		STANDARD PLAN: WAUKESHA	608.16	240.14	848.30	1516.52	600.48	2117.00
	WAUKESHA							
		ANTHEM BCBS SOUTHEAST	608.16	315.34	923.50	1516.52	788.48	2305.00
*		DEAN HEALTH PLAN	413.50	0.00	413.50	1030.00	0.00	1030.00
		HUMANA EASTERN	608.16	186.54	794.70	1516.52	466.48	1983.00
		UNITEDHEALTHCARE SE	579.20	0.00	579.20	1444.30	0.00	1444.30
		WPS METRO CHOICE	608.16	166.74	774.90	1516.52	416.98	1933.50
		STANDARD PLAN: WAUKESHA	608.16	240.14	848.30	1516.52	600.48	2117.00
	WAUPACA							
		ANTHEM BCBS NORTHEAST	519.54	403.96	923.50	1294.97	1010.03	2305.00
*		ARISE HEALTH PLAN	519.54	31.46	551.00	1294.97	78.83	1373.80
		HUMANA EASTERN	519.54	275.16	794.70	1294.97	688.03	1983.00
		NETWORK HEALTH PLAN	494.80	0.00	494.80	1233.30	0.00	1233.30
*		SECURITY HEALTH PLAN	519.54	325.36	844.90	1294.97	813.53	2108.50
*		UNITEDHEALTHCARE NE	519.54	14.06	533.60	1294.97	35.33	1330.30
		STANDARD PLAN: BALANCE OF STATE	519.54	328.76	848.30	1294.97	822.03	2117.00
	WAUSHARA							
		ANTHEM BCBS NORTHEAST	440.48	483.02	923.50	1097.25	1207.75	2305.00
		HUMANA EASTERN	440.48	354.22	794.70	1097.25	885.75	1983.00
		NETWORK HEALTH PLAN	440.48	54.32	494.80	1097.25	136.05	1233.30
		PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	0.00	419.50	1045.00	0.00	1045.00
		SECURITY HEALTH PLAN	440.48	404.42	844.90	1097.25	1011.25	2108.50
*		UNITEDHEALTHCARE NE	440.48	93.12	533.60	1097.25	233.05	1330.30
		STANDARD PLAN: BALANCE OF STATE	440.48	407.82	848.30	1097.25	1019.75	2117.00
	WINNEBAGO							
		ANTHEM BCBS NORTHEAST	519.54	403.96	923.50	1294.97	1010.03	2305.00
*		ARISE HEALTH PLAN	519.54	31.46	551.00	1294.97	78.83	1373.80
		HUMANA EASTERN	519.54	275.16	794.70	1294.97	688.03	1983.00
		NETWORK HEALTH PLAN	494.80	0.00	494.80	1233.30	0.00	1233.30
		UNITEDHEALTHCARE NE	519.54	14.06	533.60	1294.97	35.33	1330.30
		STANDARD PLAN: BALANCE OF STATE	519.54	328.76	848.30	1294.97	822.03	2117.00
	WOOD							
		ARISE HEALTH PLAN	551.00	0.00	551.00	1373.80	0.00	1373.80
		SECURITY HEALTH PLAN	578.55	266.35	844.90	1442.49	666.01	2108.50
		STANDARD PLAN: BALANCE OF STATE	578.55	269.75	848.30	1442.49	674.51	2117.00

*Non-Qualified Plan in the County