

MONTHLY ANNUITANT GROUP HEALTH INSURANCE RATES FOR CY 2009	NON-MEDICARE RATES		MEDICARE RATES		
	PLAN NAME	SINGLE	FAMILY	MEDICARE SINGLE	MEDICARE 2**
STANDARD PLAN*	985.30	2459.40	NA	NA	1311.00
STATE MAINTENANCE PLAN (SMP)*	609.70	1520.80	NA	NA	931.40
MEDICARE + \$1,000,000*	NA	NA	319.60	636.60	NA*
ANTHEM BCBS NORTHEAST	609.50	1520.10	423.70	844.90	1030.70
ANTHEM BCBS NORTHWEST	711.80	1775.80	474.80	947.10	1184.10
ANTHEM BCBS SOUTHEAST	654.50	1632.60	446.20	889.90	1098.20
ARISE HEALTH PLAN	609.70	1520.60	423.70	844.90	1030.90
DEAN HEALTH PLAN	524.80	1308.30	373.80	745.10	896.10
GHC OF EAU CLAIRE	692.10	1726.60	464.90	927.30	1154.50
GHC OF SOUTH CENTRAL WISCONSIN	521.90	1301.10	379.90	757.30	899.30
GUNDERSEN LUTHERAN HEALTH PLAN	633.80	1580.80	375.10	747.70	1006.40
HEALTH TRADITION HEALTH PLAN	639.60	1595.30	438.10	873.70	1075.20
HUMANA EASTERN	681.10	1699.10	352.00	701.50	1030.60
HUMANA WESTERN	647.40	1614.80	352.00	701.50	996.90
MEDICAL ASSOCIATES HEALTH PLAN	517.40	1289.80	315.30	628.10	830.20
MERCYCARE HEALTH PLAN	508.50	1267.60	373.20	743.90	879.20
NETWORK HEALTH PLAN	585.00	1458.80	411.40	820.30	993.90
PHYSICIANS PLUS--MERITER & UW HEALTH	532.70	1328.10	385.20	767.90	915.40
SECURITY HEALTH PLAN	671.10	1674.10	401.10	799.70	1069.70
UNITEDHEALTHCARE NE	590.40	1472.30	414.10	825.70	1002.00
UNITEDHEALTHCARE SE	641.80	1600.80	439.80	877.10	1079.10
UNITY COMMUNITY	613.30	1529.60	407.60	812.70	1018.40
UNITY UW HEALTH	531.60	1325.30	384.70	766.90	913.80
WPS METRO CHOICE	661.80	1650.80	440.40	878.30	1099.70

\*Additional Information for Persons on Medicare: Participants with Standard Plan or SMP coverage who become enrolled in Medicare Parts A & B will automatically have coverage with the Medicare + \$1,000,000 plan. See page G-58 & G-59 for benefit information. For families with 1 or more people on Medicare Parts A & B, coverage for all other non-Medicare family members remains under the Standard Plan or SMP while coverage for the Medicare enrollee(s) is under the Medicare +\$1,000,000 Plan. Medicare Part D enrollment is not required.

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

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