

**2009 MONTHLY LOCAL EMPLOYEE RATES:  
TRADITIONAL HMO OPTION--CLASSIC STANDARD PLAN**

MONTHLY LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR 2009	NON-MEDICARE RATES RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE		MEDICARE RATES RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE		
	SINGLE/NON- MEDICARE	FAMILY/NON- MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 2*	FAMILY MEDICARE - 1**
STANDARD PLAN: DANE <sup>1</sup>	860.50	2147.40	395.50	788.40	1255.90
STANDARD PLAN: MILWAUKEE <sup>2</sup>	1004.30	2506.90	395.50	788.40	1399.70
STANDARD PLAN: WAUKESHA <sup>3</sup>	928.50	2317.60	395.50	788.40	1324.00
STANDARD PLAN: BALANCE OF STATE <sup>4</sup>	928.50	2317.60	395.50	788.40	1324.00
STATE MAINTENANCE PLAN (SMP)	617.50	1540.20	NA	NA	NA
ANTHEM BCBS NORTHEAST	1039.60	2595.30	708.20	1413.90	1745.30
ANTHEM BCBS NORTHWEST	759.50	1895.00	568.10	1133.70	1325.10
ANTHEM BCBS SOUTHEAST	1039.60	2595.30	708.20	1413.90	1745.30
ARISE HEALTH PLAN	604.40	1507.30	490.50	978.50	1092.40
DEAN HEALTH PLAN	460.00	1146.30	418.40	834.30	875.90
GHC OF EAU CLAIRE	737.40	1839.80	542.40	1082.30	1277.30
GHC OF SOUTH CENTRAL WISCONSIN	474.40	1182.30	425.60	848.70	897.50
GUNDERSEN LUTHERAN HEALTH PLAN	658.30	1642.00	517.50	1032.50	1173.30
HEALTH TRADITION HEALTH PLAN	633.30	1579.50	504.90	1007.30	1135.70
HUMANA EASTERN	875.20	2184.30	418.80	835.10	1291.50
HUMANA WESTERN	760.20	1896.80	418.80	835.10	1176.50
MEDICAL ASSOCIATES HEALTH PLAN	512.10	1276.50	382.10	761.70	891.70
MERCYCARE HEALTH PLAN	460.80	1148.30	418.80	835.10	877.10
NETWORK HEALTH PLAN	547.20	1364.30	461.90	921.30	1006.60
PHYSICIANS PLUS--MERITER & UW HEALTH	466.90	1163.50	421.80	841.10	886.20
SECURITY HEALTH PLAN	930.80	2323.30	467.90	933.30	1396.20
UNITEDHEALTHCARE NE	585.10	1459.00	480.90	959.30	1063.50
UNITEDHEALTHCARE SE	636.50	1587.50	506.60	1010.70	1140.60
UNITY COMMUNITY	447.50	1115.00	403.50	804.50	848.50
UNITY UW HEALTH	451.50	1125.00	414.10	825.70	863.10
WPS METRO CHOICE	853.10	2129.00	614.90	1227.30	1465.50
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 & <u>retirees and continuants living out of state</u>				
	<sup>3</sup> WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha				
	<sup>4</sup> BALANCE OF STATE: All other Wisconsin counties				
N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.					
* Medicare Family 2=Two or more family members enrolled in Medicare Parts A, B, & D.					
**Medicare Family 1=One family member enrolled in Medicare Parts A, B, & D.					
Medicare premium rates apply only to subscribers who have terminated employment.					