

**2009 MONTHLY LOCAL EMPLOYEE RATES:
DEDUCTIBLE HMO OPTION--DEDUCTIBLE 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 ¹	787.60	1965.40	378.00	753.40	1165.60
STANDARD PLAN: MILWAUKEE ²	917.30	2289.50	378.00	753.40	1295.30
STANDARD PLAN: WAUKESHA ³	848.30	2117.00	378.00	753.40	1226.30
STANDARD PLAN: BALANCE OF STATE ⁴	848.30	2117.00	378.00	753.40	1226.30
STATE MAINTENANCE PLAN (SMP)	564.60	1408.00	NA	NA	NA
ANTHEM BCBS NORTHEAST	923.50	2305.00	650.10	1297.70	1571.10
ANTHEM BCBS NORTHWEST	685.60	1710.30	531.20	1059.90	1214.30
ANTHEM BCBS SOUTHEAST	923.50	2305.00	650.10	1297.70	1571.10
ARISE HEALTH PLAN	551.00	1373.80	463.80	925.10	1012.30
DEAN HEALTH PLAN	413.50	1030.00	395.10	787.70	806.10
GHC OF EAU CLAIRE	677.50	1690.00	513.80	1025.10	1188.80
GHC OF SOUTH CENTRAL WISCONSIN	446.20	1111.80	425.60	848.70	869.30
GUNDERSEN LUTHERAN HEALTH PLAN	617.30	1539.50	517.50	1032.50	1132.30
HEALTH TRADITION HEALTH PLAN	565.90	1411.00	468.40	934.30	1031.80
HUMANA EASTERN	794.70	1983.00	418.80	835.10	1211.00
HUMANA WESTERN	691.30	1724.50	418.80	835.10	1107.60
MEDICAL ASSOCIATES HEALTH PLAN	459.30	1144.50	358.40	714.30	815.20
MERCYCARE HEALTH PLAN	422.00	1051.30	399.40	796.30	818.90
NETWORK HEALTH PLAN	494.80	1233.30	435.80	869.10	928.10
PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	1045.00	398.10	793.70	815.10
SECURITY HEALTH PLAN	844.90	2108.50	467.90	933.30	1310.30
UNITEDHEALTHCARE NE	533.60	1330.30	455.20	907.90	986.30
UNITEDHEALTHCARE SE	579.20	1444.30	478.00	953.50	1054.70
UNITY COMMUNITY	421.30	1049.50	399.00	795.50	817.80
UNITY UW HEALTH	425.00	1058.80	400.90	799.30	823.40
WPS METRO CHOICE	774.90	1933.50	575.80	1149.10	1348.20

Standard Plan rates are determined by the employer county or the retiree county of residence

STANDARD PLAN AREA INCLUDES THE FOLLOWING:

- ¹DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix
- ²MILWAUKEE: Milwaukee county & retirees and continuants living out of state
- ³WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha
- ⁴BALANCE 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.