

MONTHLY ANNUITANT GROUP HEALTH INSURANCE RATES FOR CY 2010	NON-MEDICARE RATES		MEDICARE RATES		
	PLAN NAME	SINGLE	FAMILY	MEDICARE SINGLE	MEDICARE 1**
ANTHEM BLUE NORTHEAST	615.50	1535.00	427.90	1040.90	853.30
ANTHEM BLUE NORTHWEST	599.70	1495.50	420.00	1017.20	837.50
ANTHEM BLUE SOUTHEAST	724.50	1807.50	482.40	1204.40	962.30
ARISE HEALTH PLAN	672.40	1677.30	456.30	1126.20	910.10
DEAN HEALTH PLAN	574.70	1433.00	394.20	966.40	785.90
GHC OF EAU CLAIRE	766.70	1913.00	503.40	1267.60	1004.30
GHC OF SOUTH CENTRAL WISCONSIN	569.10	1419.00	404.70	971.30	806.90
GUNDERSEN LUTHERAN HEALTH PLAN	685.90	1711.00	382.10	1065.50	761.70
HEALTHPARTNERS	689.00	1718.80	464.70	1151.20	926.90
HEALTH TRADITION HEALTH PLAN	720.10	1796.50	479.50	1197.10	956.50
HUMANA EASTERN	727.00	1813.80	437.40	1161.90	872.30
HUMANA WESTERN	700.20	1746.80	437.40	1135.10	872.30
MEDICAL ASSOCIATES HEALTH PLAN	564.50	1407.50	335.30	897.30	668.10
MEDICARE + \$1,000,000*	NA	NA	338.80	NA*	675.10
MERCYCARE HEALTH PLAN	564.10	1406.50	402.20	963.80	801.90
NETWORK HEALTH PLAN	645.50	1610.00	442.90	1085.90	883.30
PHYSICIANS PLUS	575.10	1434.00	378.80	951.40	755.10
SECURITY HEALTH PLAN	743.00	1853.80	491.60	1232.10	980.70
STANDARD PLAN	1074.00	2681.60	NA*	1419.00	NA*
STATE MAINTENANCE PLAN (SMP)	664.60	1657.70	NA*	1004.50	NA*
UNITEDHEALTHCARE NE	653.40	1629.80	446.90	1097.80	891.30
UNITEDHEALTHCARE SE	672.90	1678.50	456.60	1127.00	910.70

<b>UNITY COMMUNITY</b>	<b>626.40</b>	<b>1562.30</b>	<b>433.40</b>	<b>1057.30</b>	<b>864.30</b>
<b>UNITY UW HEALTH</b>	<b>576.10</b>	<b>1436.50</b>	<b>408.20</b>	<b>981.80</b>	<b>813.90</b>
<b>WPS METRO CHOICE</b>	<b>675.10</b>	<b>1684.00</b>	<b>448.40</b>	<b>1121.00</b>	<b>894.30</b>

**\*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. 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 1=At least one insured family member enrolled in Medicare Parts A & B.**

**\*\*\*Medicare Family 2=All insured family members enrolled in Medicare Parts A & B.**