2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Traditional HMO - Standard PPP (P03)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	ADAMS						
	DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
	PHYSICIANS PLUS	506.70	0.00	506.70	1263.10	0.00	1263.10
*	SECURITY HEALTH PLAN	511.88	466.12	978.00	1275.86	1165.44	2441.30
	UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
	STANDARD PLAN: BALANCE OF STATE-PPP	511.88	385.72	897.60	1275.86	964.34	2240.20
	ASHLAND						
	ANTHEM BLUE NORTHWEST	882.95	223.75	1106.70	2203.53	559.57	2763.10
	GHC OF EAU CLAIRE	840.90	0.00	840.90	2098.60	0.00	2098.60
	SECURITY HEALTH PLAN	882.95	95.05	978.00	2203.53	237.77	2441.30
	STANDARD PLAN: BALANCE OF STATE-PPP	882.95	14.65	897.60	2203.53	36.67	2240.20
	BARRON						
	GHC OF EAU CLAIRE	774.80	66.10	840.90	1933.16	165.44	2098.60
*	GUNDERSEN LUTHERAN HEALTH PLAN	709.70	0.00	709.70	1770.60	0.00	1770.60
	HEALTH TRADITION HEALTH PLAN	737.90	0.00	737.90	1841.10	0.00	1841.10
	HUMANA WESTERN	774.80	595.30	1370.10	1933.16	1488.44	3421.60
	SECURITY HEALTH PLAN	774.80	203.20	978.00	1933.16	508.14	2441.30
	STANDARD PLAN: BALANCE OF STATE-PPP	774.80	122.80	897.60	1933.16	307.04	2240.20
	BAYFIELD						
*	ANTHEM BLUE NORTHWEST	700.25	406.45	1106.70	1746.89	1016.21	2763.10
*	SECURITY HEALTH PLAN	700.25	277.75	978.00	1746.89	694.41	2441.30
	STATE MAINTENANCE PLAN (SMP)	666.90	0.00	666.90	1663.70	0.00	1663.70
	STANDARD PLAN: BALANCE OF STATE-PPP	700.25	197.35	897.60	1746.89	493.31	2240.20
	BROWN						
	ANTHEM BLUE NORTHEAST	632.00	892.10	1524.10	1576.16	2230.44	3806.60
	ARISE HEALTH PLAN	632.00	32.30	664.30	1576.16	80.94	1657.10
	HUMANA EASTERN	632.00	738.10	1370.10	1576.16	1845.44	3421.60
	NETWORK HEALTH PLAN	601.90	0.00	601.90	1501.10	0.00	1501.10
	UNITEDHEALTHCARE NE	632.00	59.40	691.40	1576.16	148.64	1724.80
	STANDARD PLAN: BALANCE OF STATE-PPP	632.00	265.60	897.60	1576.16	664.04	2240.20
	BUFFALO						
*	GHC OF EAU CLAIRE	774.80	66.10	840.90	1933.16	165.44	2098.60
	HEALTH TRADITION HEALTH PLAN	737.90	0.00	737.90	1841.10	0.00	1841.10
	STANDARD PLAN: BALANCE OF STATE-PPP	774.80	122.80	897.60	1933.16	307.04	2240.20
	BURNETT						
*	ANTHEM BLUE NORTHWEST	882.95	223.75	1106.70	2203.53	559.57	2763.10
	GHC OF EAU CLAIRE	840.90	0.00	840.90	2098.60	0.00	2098.60
	STANDARD PLAN: BALANCE OF STATE-PPP	882.95	14.65	897.60	2203.53	36.67	2240.20
	CALUMET						
*	ANTHEM BLUE NORTHEAST	632.00	892.10	1524.10	1576.16	2230.44	3806.60
*	ARISE HEALTH PLAN	632.00	32.30	664.30	1576.16	80.94	1657.10
*	HUMANA EASTERN	632.00	738.10	1370.10	1576.16	1845.44	3421.60
	NETWORK HEALTH PLAN	601.90	0.00	601.90	1501.10	0.00	1501.10
*	UNITEDHEALTHCARE NE	632.00	59.40	691.40	1576.16	148.64	1724.80
	STANDARD PLAN: BALANCE OF STATE-PPP	632.00	265.60	897.60	1576.16	664.04	2240.20

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Traditional HMO - Standard PPP (P03)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	CHIPPEWA						
	GHC OF EAU CLAIRE	745.19	95.71	840.90	1859.13	239.47	2098.60
	GUNDERSEN LUTHERAN HEALTH PLAN	709.70	0.00	709.70	1770.60	0.00	1770.60
	HEALTH TRADITION HEALTH PLAN	737.90	0.00	737.90	1841.10	0.00	1841.10
	HUMANA WESTERN	745.19	624.91	1370.10	1859.13	1562.47	3421.60
	SECURITY HEALTH PLAN	745.19	232.81	978.00	1859.13	582.17	2441.30
	STANDARD PLAN: BALANCE OF STATE-PPP	745.19	152.41	897.60	1859.13	381.07	2240.20
	CLARK						
	GHC OF EAU CLAIRE	745.19	95.71	840.90	1859.13	239.47	2098.60
	GUNDERSEN LUTHERAN HEALTH PLAN	709.70	0.00	709.70	1770.60	0.00	1770.60
	SECURITY HEALTH PLAN	745.19	232.81	978.00	1859.13	582.17	2441.30
	STANDARD PLAN: BALANCE OF STATE-PPP	745.19	152.41	897.60	1859.13	381.07	2240.20
	COLUMBIA						
	DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
	PHYSICIANS PLUS	506.70	0.00	506.70	1263.10	0.00	1263.10
	UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
	STANDARD PLAN: BALANCE OF STATE-PPP	511.88	385.72	897.60	1275.86	964.34	2240.20
	CRAWFORD						
*	GUNDERSEN LUTHERAN HEALTH PLAN	700.25	9.45	709.70	1746.89	23.71	1770.60
*	HEALTH TRADITION HEALTH PLAN	700.25	37.65	737.90	1746.89	94.21	1841.10
*	MEDICAL ASSOCIATES HEALTH PLAN	556.40	0.00	556.40	1387.30	0.00	1387.30
*	UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
	STATE MAINTENANCE PLAN (SMP)	666.90	0.00	666.90	1663.70	0.00	1663.70
	STANDARD PLAN: BALANCE OF STATE-PPP	700.25	197.35	897.60	1746.89	493.31	2240.20
	DANE						
	DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
	GHC OF SOUTH CENTRAL WISCONSIN	510.60	0.00	510.60	1272.80	0.00	1272.80
	PHYSICIANS PLUS	506.70	0.00	506.70	1263.10	0.00	1263.10
	UNITY UW HEALTH	488.00	0.00	488.00	1216.30	0.00	1216.30
	STANDARD PLAN: DANE-PPP	512.40	321.30	833.70	1277.12	803.28	2080.40
	DODGE						
	ANTHEM BLUE SOUTHEAST	511.88	1012.22	1524.10	1275.86	2530.74	3806.60
	DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
	HUMANA EASTERN	511.88	858.22	1370.10	1275.86	2145.74	3421.60
	NETWORK HEALTH PLAN	511.88	90.02	601.90	1275.86	225.24	1501.10
	UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
	STANDARD PLAN: BALANCE OF STATE-PPP	511.88	385.72	897.60	1275.86	964.34	2240.20
	DOOR						
	ANTHEM BLUE NORTHEAST	632.00	892.10	1524.10	1576.16	2230.44	3806.60
	ARISE HEALTH PLAN	632.00	32.30	664.30	1576.16	80.94	1657.10
*	HUMANA EASTERN	632.00	738.10	1370.10	1576.16	1845.44	3421.60
	NETWORK HEALTH PLAN	601.90	0.00	601.90	1501.10	0.00	1501.10
	UNITEDHEALTHCARE NE	632.00	59.40	691.40	1576.16	148.64	1724.80
	STANDARD PLAN: BALANCE OF STATE-PPP	632.00	265.60	897.60	1576.16	664.04	2240.20

2010 Local Low Cost Plan:	Single Coverage			Family Coverage		
Traditional HMO - Standard PPP (P03)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
DOUGLAS						
ANTHEM BLUE NORTHWEST	882.95	223.75	1106.70	2203.53	559.57	2763.10
GHC OF EAU CLAIRE	840.90	0.00	840.90	2098.60	0.00	2098.60
* HUMANA WESTERN	882.95	487.15	1370.10	2203.53	1218.07	3421.60
SECURITY HEALTH PLAN	882.95	95.05	978.00	2203.53	237.77	2441.30
STANDARD PLAN: BALANCE OF STATE-PPP	882.95	14.65	897.60	2203.53	36.67	2240.20
DUNN						
GHC OF EAU CLAIRE	774.80	66.10	840.90	1933.16	165.44	2098.60
HEALTH TRADITION HEALTH PLAN	737.90	0.00	737.90	1841.10	0.00	1841.10
* HUMANA WESTERN	774.80	595.30	1370.10	1933.16	1488.44	3421.60
STANDARD PLAN: BALANCE OF STATE-PPP	774.80	122.80	897.60	1933.16	307.04	2240.20
EAU CLAIRE						
ANTHEM BLUE NORTHWEST	745.19	361.51	1106.70	1859.13	903.97	2763.10
GHC OF EAU CLAIRE	745.19	95.71	840.90	1859.13	239.47	2098.60
GUNDERSEN LUTHERAN HEALTH PLAN	709.70	0.00	709.70	1770.60	0.00	1770.60
HEALTH TRADITION HEALTH PLAN	737.90	0.00	737.90	1841.10	0.00	1841.10
HUMANA WESTERN	745.19	624.91	1370.10	1859.13	1562.47	3421.60
SECURITY HEALTH PLAN	745.19	232.81	978.00	1859.13	582.17	2441.30
STANDARD PLAN: BALANCE OF STATE-PPP	745.19	152.41	897.60	1859.13	381.07	2240.20
FLORENCE						
STATE MAINTENANCE PLAN (SMP)	666.90	0.00	666.90	1663.70	0.00	1663.70
STANDARD PLAN: BALANCE OF STATE-PPP	700.25	197.35	897.60	1746.89	493.31	2240.20
FOND DU LAC						
ANTHEM BLUE NORTHEAST	511.88	1012.22	1524.10	1275.86	2530.74	3806.60
ARISE HEALTH PLAN	511.88	152.42	664.30	1275.86	381.24	1657.10
DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
HUMANA EASTERN	511.88	858.22	1370.10	1275.86	2145.74	3421.60
NETWORK HEALTH PLAN	511.88	90.02	601.90	1275.86	225.24	1501.10
UNITEDHEALTHCARE NE	511.88	179.52	691.40	1275.86	448.94	1724.80
UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
STANDARD PLAN: BALANCE OF STATE-PPP	511.88	385.72	897.60	1275.86	964.34	2240.20
FOREST						
* SECURITY HEALTH PLAN	700.25	277.75	978.00	1746.89	694.41	2441.30
STATE MAINTENANCE PLAN (SMP)	666.90	0.00	666.90	1663.70	0.00	1663.70
STANDARD PLAN: BALANCE OF STATE-PPP	700.25	197.35	897.60	1746.89	493.31	2240.20
GRANT						
DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
GUNDERSEN LUTHERAN HEALTH PLAN	511.88	197.82	709.70	1275.86	494.74	1770.60
* HEALTH TRADITION HEALTH PLAN	511.88	226.02	737.90	1275.86	565.24	1841.10
MEDICAL ASSOCIATES HEALTH PLAN	511.88	44.52	556.40	1275.86	111.44	1387.30
PHYSICIANS PLUS	506.70	0.00	506.70	1263.10	0.00	1263.10
UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
STANDARD PLAN: DANE-PPP	511.88	321.82	833.70	1275.86	804.54	2080.40

2010 Local Low Cost Plan:	Single Coverage			Family Coverage		
Traditional HMO - Standard PPP (P03)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
GREEN						
DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
* HUMANA EASTERN	511.88	858.22	1370.10	1275.86	2145.74	3421.60
* MERCYCARE HEALTH PLAN	506.40	0.00	506.40	1262.30	0.00	1262.30
UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
STANDARD PLAN: BALANCE OF STATE-PPP	511.88	385.72	897.60	1275.86	964.34	2240.20
GREEN LAKE						
ANTHEM BLUE NORTHEAST	632.00	892.10	1524.10	1576.16	2230.44	3806.60
* DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
HUMANA EASTERN	632.00	738.10	1370.10	1576.16	1845.44	3421.60
NETWORK HEALTH PLAN	601.90	0.00	601.90	1501.10	0.00	1501.10
* PHYSICIANS PLUS	506.70	0.00	506.70	1263.10	0.00	1263.10
* SECURITY HEALTH PLAN	632.00	346.00	978.00	1576.16	865.14	2441.30
UNITEDHEALTHCARE NE	632.00	59.40	691.40	1576.16	148.64	1724.80
STANDARD PLAN: BALANCE OF STATE-PPP	632.00	265.60	897.60	1576.16	664.04	2240.20
IOWA						
DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
MEDICAL ASSOCIATES HEALTH PLAN	511.88	44.52	556.40	1275.86	111.44	1387.30
PHYSICIANS PLUS	506.70	0.00	506.70	1263.10	0.00	1263.10
UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
STANDARD PLAN: BALANCE OF STATE-PPP	511.88	385.72	897.60	1275.86	964.34	2240.20
IRON						
* SECURITY HEALTH PLAN	700.25	277.75	978.00	1746.89	694.41	2441.30
STATE MAINTENANCE PLAN (SMP)	666.90	0.00	666.90	1663.70	0.00	1663.70
STANDARD PLAN: BALANCE OF STATE-PPP	700.25	197.35	897.60	1746.89	493.31	2240.20
JACKSON						
GHC OF EAU CLAIRE	745.19	95.71	840.90	1859.13	239.47	2098.60
GUNDERSEN LUTHERAN HEALTH PLAN	709.70	0.00	709.70	1770.60	0.00	1770.60
HEALTH TRADITION HEALTH PLAN	737.90	0.00	737.90	1841.10	0.00	1841.10
SECURITY HEALTH PLAN	745.19	232.81	978.00	1859.13	582.17	2441.30
STANDARD PLAN: BALANCE OF STATE-PPP	745.19	152.41	897.60	1859.13	381.07	2240.20
JEFFERSON						
ANTHEM BLUE SOUTHEAST	511.88	1012.22	1524.10	1275.86	2530.74	3806.60
DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
HUMANA EASTERN	511.88	858.22	1370.10	1275.86	2145.74	3421.60
MERCYCARE HEALTH PLAN	506.40	0.00	506.40	1262.30	0.00	1262.30
* PHYSICIANS PLUS	506.70	0.00	506.70	1263.10	0.00	1263.10
UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
STANDARD PLAN: DANE-PPP	511.88	321.82	833.70	1275.86	804.54	2080.40
JUNEAU						
* DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
GUNDERSEN LUTHERAN HEALTH PLAN	709.70	0.00	709.70	1770.60	0.00	1770.60
HEALTH TRADITION HEALTH PLAN	737.90	0.00	737.90	1841.10	0.00	1841.10
SECURITY HEALTH PLAN	745.19	232.81	978.00	1859.13	582.17	2441.30
* UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
STANDARD PLAN: BALANCE OF STATE-PPP	745.19	152.41	897.60	1859.13	381.07	2240.20

2010 Local Low Cost Plan:	Single Coverage			Family Coverage		
Traditional HMO - Standard PPP (P03)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
KENOSHA						
ANTHEM BLUE SOUTHEAST	734.79	789.31	1524.10	1833.09	1973.51	3806.60
HUMANA EASTERN	734.79	635.31	1370.10	1833.09	1588.51	3421.60
UNITEDHEALTHCARE SE	699.80	0.00	699.80	1745.80	0.00	1745.80
STANDARD PLAN: WAUKESHA-PPP	734.79	162.81	897.60	1833.09	407.11	2240.20
KEWAUNEE						
* ANTHEM BLUE NORTHEAST	632.00	892.10	1524.10	1576.16	2230.44	3806.60
ARISE HEALTH PLAN	632.00	32.30	664.30	1576.16	80.94	1657.10
* HUMANA EASTERN	632.00	738.10	1370.10	1576.16	1845.44	3421.60
NETWORK HEALTH PLAN	601.90	0.00	601.90	1501.10	0.00	1501.10
* UNITEDHEALTHCARE NE	632.00	59.40	691.40	1576.16	148.64	1724.80
STANDARD PLAN: BALANCE OF STATE-PPP	632.00	265.60	897.60	1576.16	664.04	2240.20
LACROSSE						
GUNDERSEN LUTHERAN HEALTH PLAN	709.70	0.00	709.70	1770.60	0.00	1770.60
HEALTH TRADITION HEALTH PLAN	737.90	0.00	737.90	1841.10	0.00	1841.10
STANDARD PLAN: DANE-PPP	745.19	88.51	833.70	1859.13	221.27	2080.40
LAFAYETTE						
* DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
MEDICAL ASSOCIATES HEALTH PLAN	532.04	24.36	556.40	1326.26	61.04	1387.30
PHYSICIANS PLUS	506.70	0.00	506.70	1263.10	0.00	1263.10
* UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
STANDARD PLAN: BALANCE OF STATE-PPP	532.04	365.56	897.60	1326.26	913.94	2240.20
LANGLADE						
ARISE HEALTH PLAN	664.30	0.00	664.30	1657.10	0.00	1657.10
SECURITY HEALTH PLAN	697.52	280.48	978.00	1739.96	701.34	2441.30
STANDARD PLAN: BALANCE OF STATE-PPP	697.52	200.08	897.60	1739.96	500.24	2240.20
LINCOLN						
SECURITY HEALTH PLAN	942.48	35.52	978.00	2352.21	89.09	2441.30
STANDARD PLAN: BALANCE OF STATE-PPP	897.60	0.00	897.60	2240.20	0.00	2240.20
MANITOWOC						
ANTHEM BLUE NORTHEAST	632.00	892.10	1524.10	1576.16	2230.44	3806.60
ARISE HEALTH PLAN	632.00	32.30	664.30	1576.16	80.94	1657.10
HUMANA EASTERN	632.00	738.10	1370.10	1576.16	1845.44	3421.60
NETWORK HEALTH PLAN	601.90	0.00	601.90	1501.10	0.00	1501.10
UNITEDHEALTHCARE NE	632.00	59.40	691.40	1576.16	148.64	1724.80
STANDARD PLAN: BALANCE OF STATE-PPP	632.00	265.60	897.60	1576.16	664.04	2240.20
MARATHON						
ARISE HEALTH PLAN	664.30	0.00	664.30	1657.10	0.00	1657.10
SECURITY HEALTH PLAN	697.52	280.48	978.00	1739.96	701.34	2441.30
STANDARD PLAN: BALANCE OF STATE-PPP	697.52	200.08	897.60	1739.96	500.24	2240.20
MARINETTE						
ANTHEM BLUE NORTHEAST	697.52	826.58	1524.10	1739.96	2066.64	3806.60
ARISE HEALTH PLAN	664.30	0.00	664.30	1657.10	0.00	1657.10
HUMANA EASTERN	697.52	672.58	1370.10	1739.96	1681.64	3421.60
UNITEDHEALTHCARE NE	691.40	0.00	691.40	1724.80	0.00	1724.80
STANDARD PLAN: BALANCE OF STATE-PPP	697.52	200.08	897.60	1739.96	500.24	2240.20

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Traditional HMO - Standard PPP (P03)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	MARQUETTE						
*	NETWORK HEALTH PLAN	532.04	69.86	601.90	1326.26	174.84	1501.10
	PHYSICIANS PLUS	506.70	0.00	506.70	1263.10	0.00	1263.10
*	UNITEDHEALTHCARE NE	532.04	159.36	691.40	1326.26	398.54	1724.80
*	UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
	STANDARD PLAN: BALANCE OF STATE-PPP	532.04	365.56	897.60	1326.26	913.94	2240.20
	MENOMINEE						
	STATE MAINTENANCE PLAN (SMP)	666.90	0.00	666.90	1663.70	0.00	1663.70
	STANDARD PLAN: BALANCE OF STATE-PPP	700.25	197.35	897.60	1746.89	493.31	2240.20
	MILWAUKEE						
	ANTHEM BLUE SOUTHEAST	734.79	789.31	1524.10	1833.09	1973.51	3806.60
	HUMANA EASTERN	734.79	635.31	1370.10	1833.09	1588.51	3421.60
	UNITEDHEALTHCARE SE	699.80	0.00	699.80	1745.80	0.00	1745.80
	WPS METRO CHOICE	734.79	222.31	957.10	1833.09	556.01	2389.10
	STANDARD PLAN: MILWAUKEE-PPP	734.79	235.31	970.10	1833.09	588.51	2421.60
	MONROE						
	GUNDERSEN LUTHERAN HEALTH PLAN	709.70	0.00	709.70	1770.60	0.00	1770.60
	HEALTH TRADITION HEALTH PLAN	737.90	0.00	737.90	1841.10	0.00	1841.10
	STANDARD PLAN: BALANCE OF STATE-PPP	745.19	152.41	897.60	1859.13	381.07	2240.20
	OCONTO						
	ANTHEM BLUE NORTHEAST	697.52	826.58	1524.10	1739.96	2066.64	3806.60
	ARISE HEALTH PLAN	664.30	0.00	664.30	1657.10	0.00	1657.10
*	HUMANA EASTERN	697.52	672.58	1370.10	1739.96	1681.64	3421.60
*	NETWORK HEALTH PLAN	601.90	0.00	601.90	1501.10	0.00	1501.10
*	UNITEDHEALTHCARE NE	691.40	0.00	691.40	1724.80	0.00	1724.80
	STANDARD PLAN: BALANCE OF STATE-PPP	697.52	200.08	897.60	1739.96	500.24	2240.20
	ONEIDA						
*	ARISE HEALTH PLAN	664.30	0.00	664.30	1657.10	0.00	1657.10
	SECURITY HEALTH PLAN	942.48	35.52	978.00	2352.21	89.09	2441.30
	STANDARD PLAN: BALANCE OF STATE-PPP	897.60	0.00	897.60	2240.20	0.00	2240.20
	OUTAGAMIE						
	ANTHEM BLUE NORTHEAST	632.00	892.10	1524.10	1576.16	2230.44	3806.60
	ARISE HEALTH PLAN	632.00	32.30	664.30	1576.16	80.94	1657.10
	HUMANA EASTERN	632.00	738.10	1370.10	1576.16	1845.44	3421.60
	NETWORK HEALTH PLAN	601.90	0.00	601.90	1501.10	0.00	1501.10
	UNITEDHEALTHCARE NE	632.00	59.40	691.40	1576.16	148.64	1724.80
	STANDARD PLAN: BALANCE OF STATE-PPP	632.00	265.60	897.60	1576.16	664.04	2240.20
	OZAUKEE						
	ANTHEM BLUE SOUTHEAST	734.79	789.31	1524.10	1833.09	1973.51	3806.60
	HUMANA EASTERN	734.79	635.31	1370.10	1833.09	1588.51	3421.60
	UNITEDHEALTHCARE SE	699.80	0.00	699.80	1745.80	0.00	1745.80
	WPS METRO CHOICE	734.79	222.31	957.10	1833.09	556.01	2389.10
	STANDARD PLAN: WAUKESHA-PPP	734.79	162.81	897.60	1833.09	407.11	2240.20

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Traditional HMO - Standard PPP (P03)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	PEPIN						
*	GHC OF EAU CLAIRE	700.25	140.65	840.90	1746.89	351.71	2098.60
*	GUNDERSEN LUTHERAN HEALTH PLAN	700.25	9.45	709.70	1746.89	23.71	1770.60
*	HEALTH TRADITION HEALTH PLAN	700.25	37.65	737.90	1746.89	94.21	1841.10
*	HUMANA WESTERN	700.25	669.85	1370.10	1746.89	1674.71	3421.60
*	SECURITY HEALTH PLAN	700.25	277.75	978.00	1746.89	694.41	2441.30
	STATE MAINTENANCE PLAN (SMP)	666.90	0.00	666.90	1663.70	0.00	1663.70
	STANDARD PLAN: BALANCE OF STATE-PPP	700.25	197.35	897.60	1746.89	493.31	2240.20
	PIERCE						
	ANTHEM BLUE NORTHWEST	700.25	406.45	1106.70	1746.89	1016.21	2763.10
*	GHC OF EAU CLAIRE	700.25	140.65	840.90	1746.89	351.71	2098.60
	HEALTHPARTNERS	700.25	120.25	820.50	1746.89	300.71	2047.60
*	HUMANA WESTERN	700.25	669.85	1370.10	1746.89	1674.71	3421.60
	STATE MAINTENANCE PLAN (SMP)	666.90	0.00	666.90	1663.70	0.00	1663.70
	STANDARD PLAN: BALANCE OF STATE-PPP	700.25	197.35	897.60	1746.89	493.31	2240.20
	POLK						
	ANTHEM BLUE NORTHWEST	875.39	231.31	1106.70	2184.42	578.68	2763.10
	GHC OF EAU CLAIRE	840.90	0.00	840.90	2098.60	0.00	2098.60
	HEALTHPARTNERS	*820.50*	*0.00*	*820.50*	*2047.60*	*0.00*	*2047.60*
*	HUMANA WESTERN	875.39	494.71	1370.10	2184.42	1237.18	3421.60
	STANDARD PLAN: DANE-PPP	833.70	0.00	833.70	2080.40	0.00	2080.40
	PORTAGE						
*	ARISE HEALTH PLAN	664.30	0.00	664.30	1657.10	0.00	1657.10
	SECURITY HEALTH PLAN	942.48	35.52	978.00	2352.21	89.09	2441.30
	STANDARD PLAN: BALANCE OF STATE-PPP	897.60	0.00	897.60	2240.20	0.00	2240.20
	PRICE						
	SECURITY HEALTH PLAN	942.48	35.52	978.00	2352.21	89.09	2441.30
	STANDARD PLAN: BALANCE OF STATE-PPP	897.60	0.00	897.60	2240.20	0.00	2240.20
	RACINE						
	ANTHEM BLUE SOUTHEAST	734.79	789.31	1524.10	1833.09	1973.51	3806.60
	HUMANA EASTERN	734.79	635.31	1370.10	1833.09	1588.51	3421.60
	UNITEDHEALTHCARE SE	699.80	0.00	699.80	1745.80	0.00	1745.80
	WPS METRO CHOICE	734.79	222.31	957.10	1833.09	556.01	2389.10
	STANDARD PLAN: WAUKESHA-PPP	734.79	162.81	897.60	1833.09	407.11	2240.20
	RICHLAND						
	DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
	GUNDERSEN LUTHERAN HEALTH PLAN	511.88	197.82	709.70	1275.86	494.74	1770.60
	HEALTH TRADITION HEALTH PLAN	511.88	226.02	737.90	1275.86	565.24	1841.10
	PHYSICIANS PLUS	506.70	0.00	506.70	1263.10	0.00	1263.10
	UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
	STANDARD PLAN: BALANCE OF STATE-PPP	511.88	385.72	897.60	1275.86	964.34	2240.20

2010 Local Low Cost Plan:	Single Coverage			Family Coverage		
Traditional HMO - Standard PPP (P03)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
ROCK						
ANTHEM BLUE SOUTHEAST	511.88	1012.22	1524.10	1275.86	2530.74	3806.60
DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
HUMANA EASTERN	511.88	858.22	1370.10	1275.86	2145.74	3421.60
MERCYCARE HEALTH PLAN	506.40	0.00	506.40	1262.30	0.00	1262.30
* PHYSICIANS PLUS	506.70	0.00	506.70	1263.10	0.00	1263.10
UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
STANDARD PLAN: BALANCE OF STATE-PPP	511.88	385.72	897.60	1275.86	964.34	2240.20
RUSK						
GHC OF EAU CLAIRE	840.90	0.00	840.90	2098.60	0.00	2098.60
SECURITY HEALTH PLAN	882.95	95.05	978.00	2203.53	237.77	2441.30
STANDARD PLAN: BALANCE OF STATE-PPP	882.95	14.65	897.60	2203.53	36.67	2240.20
SAUK						
DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
* GUNDERSEN LUTHERAN HEALTH PLAN	511.88	197.82	709.70	1275.86	494.74	1770.60
HEALTH TRADITION HEALTH PLAN	511.88	226.02	737.90	1275.86	565.24	1841.10
PHYSICIANS PLUS	506.70	0.00	506.70	1263.10	0.00	1263.10
UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
STANDARD PLAN: BALANCE OF STATE-PPP	511.88	385.72	897.60	1275.86	964.34	2240.20
SAWYER						
GHC OF EAU CLAIRE	840.90	0.00	840.90	2098.60	0.00	2098.60
SECURITY HEALTH PLAN	882.95	95.05	978.00	2203.53	237.77	2441.30
STANDARD PLAN: BALANCE OF STATE-PPP	882.95	14.65	897.60	2203.53	36.67	2240.20
SHAWANO						
ANTHEM BLUE NORTHEAST	697.52	826.58	1524.10	1739.96	2066.64	3806.60
ARISE HEALTH PLAN	664.30	0.00	664.30	1657.10	0.00	1657.10
HUMANA EASTERN	697.52	672.58	1370.10	1739.96	1681.64	3421.60
UNITEDHEALTHCARE NE	691.40	0.00	691.40	1724.80	0.00	1724.80
STANDARD PLAN: BALANCE OF STATE-PPP	697.52	200.08	897.60	1739.96	500.24	2240.20
SHEBOYGAN						
ANTHEM BLUE NORTHEAST	632.00	892.10	1524.10	1576.16	2230.44	3806.60
ARISE HEALTH PLAN	632.00	32.30	664.30	1576.16	80.94	1657.10
HUMANA EASTERN	632.00	738.10	1370.10	1576.16	1845.44	3421.60
NETWORK HEALTH PLAN	601.90	0.00	601.90	1501.10	0.00	1501.10
UNITEDHEALTHCARE NE	632.00	59.40	691.40	1576.16	148.64	1724.80
STANDARD PLAN: BALANCE OF STATE-PPP	632.00	265.60	897.60	1576.16	664.04	2240.20
ST. CROIX						
ANTHEM BLUE NORTHWEST	875.39	231.31	1106.70	2184.42	578.68	2763.10
GHC OF EAU CLAIRE	840.90	0.00	840.90	2098.60	0.00	2098.60
HEALTHPARTNERS	*820.50*	*0.00*	*820.50*	*2047.60*	*0.00*	*2047.60*
* HEALTH TRADITION HEALTH PLAN	737.90	0.00	737.90	1841.10	0.00	1841.10
HUMANA WESTERN	875.39	494.71	1370.10	2184.42	1237.18	3421.60
STANDARD PLAN: DANE-PPP	833.70	0.00	833.70	2080.40	0.00	2080.40

2010 Local Low Cost Plan:	Single Coverage			Family Coverage		
Traditional HMO - Standard PPP (P03)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
TAYLOR						
ARISE HEALTH PLAN	664.30	0.00	664.30	1657.10	0.00	1657.10
SECURITY HEALTH PLAN	697.52	280.48	978.00	1739.96	701.34	2441.30
STANDARD PLAN: BALANCE OF STATE-PPP	697.52	200.08	897.60	1739.96	500.24	2240.20
TREMPEALEAU						
GHC OF EAU CLAIRE	745.19	95.71	840.90	1859.13	239.47	2098.60
GUNDERSEN LUTHERAN HEALTH PLAN	709.70	0.00	709.70	1770.60	0.00	1770.60
HEALTH TRADITION HEALTH PLAN	737.90	0.00	737.90	1841.10	0.00	1841.10
* SECURITY HEALTH PLAN	745.19	232.81	978.00	1859.13	582.17	2441.30
STANDARD PLAN: BALANCE OF STATE-PPP	745.19	152.41	897.60	1859.13	381.07	2240.20
VERNON						
* DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
GUNDERSEN LUTHERAN HEALTH PLAN	511.88	197.82	709.70	1275.86	494.74	1770.60
HEALTH TRADITION HEALTH PLAN	511.88	226.02	737.90	1275.86	565.24	1841.10
* SECURITY HEALTH PLAN	511.88	466.12	978.00	1275.86	1165.44	2441.30
UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
STANDARD PLAN: BALANCE OF STATE-PPP	511.88	385.72	897.60	1275.86	964.34	2240.20
VILAS						
* ARISE HEALTH PLAN	664.30	0.00	664.30	1657.10	0.00	1657.10
SECURITY HEALTH PLAN	942.48	35.52	978.00	2352.21	89.09	2441.30
STANDARD PLAN: BALANCE OF STATE-PPP	897.60	0.00	897.60	2240.20	0.00	2240.20
WALWORTH						
ANTHEM BLUE SOUTHEAST	511.88	1012.22	1524.10	1275.86	2530.74	3806.60
* DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
HUMANA EASTERN	511.88	858.22	1370.10	1275.86	2145.74	3421.60
MERCYCARE HEALTH PLAN	506.40	0.00	506.40	1262.30	0.00	1262.30
UNITEDHEALTHCARE SE	511.88	187.92	699.80	1275.86	469.94	1745.80
UNITY COMMUNITY	487.50	0.00	487.50	1215.10	0.00	1215.10
STANDARD PLAN: BALANCE OF STATE-PPP	511.88	385.72	897.60	1275.86	964.34	2240.20
WASHBURN						
ANTHEM BLUE NORTHWEST	882.95	223.75	1106.70	2203.53	559.57	2763.10
GHC OF EAU CLAIRE	840.90	0.00	840.90	2098.60	0.00	2098.60
* GUNDERSEN LUTHERAN HEALTH PLAN	709.70	0.00	709.70	1770.60	0.00	1770.60
SECURITY HEALTH PLAN	882.95	95.05	978.00	2203.53	237.77	2441.30
STANDARD PLAN: BALANCE OF STATE-PPP	882.95	14.65	897.60	2203.53	36.67	2240.20
WASHINGTON						
ANTHEM BLUE SOUTHEAST	734.79	789.31	1524.10	1833.09	1973.51	3806.60
HUMANA EASTERN	734.79	635.31	1370.10	1833.09	1588.51	3421.60
UNITEDHEALTHCARE SE	699.80	0.00	699.80	1745.80	0.00	1745.80
WPS METRO CHOICE	734.79	222.31	957.10	1833.09	556.01	2389.10
STANDARD PLAN: WAUKESHA-PPP	734.79	162.81	897.60	1833.09	407.11	2240.20

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Traditional HMO - Standard PPP (P03)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	WAUKESHA						
	ANTHEM BLUE SOUTHEAST	734.79	789.31	1524.10	1833.09	1973.51	3806.60
*	DEAN HEALTH PLAN	508.10	0.00	508.10	1266.60	0.00	1266.60
	HUMANA EASTERN	734.79	635.31	1370.10	1833.09	1588.51	3421.60
	UNITEDHEALTHCARE SE	699.80	0.00	699.80	1745.80	0.00	1745.80
	WPS METRO CHOICE	734.79	222.31	957.10	1833.09	556.01	2389.10
	STANDARD PLAN: WAUKESHA-PPP	734.79	162.81	897.60	1833.09	407.11	2240.20
	WAUPACA						
	ANTHEM BLUE NORTHEAST	632.00	892.10	1524.10	1576.16	2230.44	3806.60
	ARISE HEALTH PLAN	632.00	32.30	664.30	1576.16	80.94	1657.10
	HUMANA EASTERN	632.00	738.10	1370.10	1576.16	1845.44	3421.60
	NETWORK HEALTH PLAN	601.90	0.00	601.90	1501.10	0.00	1501.10
*	SECURITY HEALTH PLAN	632.00	346.00	978.00	1576.16	865.14	2441.30
	UNITEDHEALTHCARE NE	632.00	59.40	691.40	1576.16	148.64	1724.80
	STANDARD PLAN: BALANCE OF STATE-PPP	632.00	265.60	897.60	1576.16	664.04	2240.20
	WAUSHARA						
	ANTHEM BLUE NORTHEAST	532.04	992.06	1524.10	1326.26	2480.34	3806.60
	HUMANA EASTERN	532.04	838.06	1370.10	1326.26	2095.34	3421.60
	NETWORK HEALTH PLAN	532.04	69.86	601.90	1326.26	174.84	1501.10
	PHYSICIANS PLUS	506.70	0.00	506.70	1263.10	0.00	1263.10
	SECURITY HEALTH PLAN	532.04	445.96	978.00	1326.26	1115.04	2441.30
*	UNITEDHEALTHCARE NE	532.04	159.36	691.40	1326.26	398.54	1724.80
	STANDARD PLAN: BALANCE OF STATE-PPP	532.04	365.56	897.60	1326.26	913.94	2240.20
	WINNEBAGO						
	ANTHEM BLUE NORTHEAST	632.00	892.10	1524.10	1576.16	2230.44	3806.60
*	ARISE HEALTH PLAN	632.00	32.30	664.30	1576.16	80.94	1657.10
	HUMANA EASTERN	632.00	738.10	1370.10	1576.16	1845.44	3421.60
	NETWORK HEALTH PLAN	601.90	0.00	601.90	1501.10	0.00	1501.10
	UNITEDHEALTHCARE NE	632.00	59.40	691.40	1576.16	148.64	1724.80
	STANDARD PLAN: BALANCE OF STATE-PPP	632.00	265.60	897.60	1576.16	664.04	2240.20
	WOOD						
	ARISE HEALTH PLAN	664.30	0.00	664.30	1657.10	0.00	1657.10
	SECURITY HEALTH PLAN	697.52	280.48	978.00	1739.96	701.34	2441.30
	STANDARD PLAN: BALANCE OF STATE-PPP	697.52	200.08	897.60	1739.96	500.24	2240.20