2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard PPP (P05)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	ADAMS						
	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	PHYSICIANS PLUS	455.70	0.00	455.70	1135.60	0.00	1135.60
*	SECURITY HEALTH PLAN	478.49	409.91	888.40	1192.38	1024.92	2217.30
	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	478.49	366.01	844.50	1192.38	915.02	2107.40
	ASHLAND						
	ANTHEM BLUE NORTHWEST	811.23	172.57	983.80	2024.19	431.61	2455.80
	GHC OF EAU CLAIRE	772.60	0.00	772.60	1927.80	0.00	1927.80
	SECURITY HEALTH PLAN	811.23	77.17	888.40	2024.19	193.11	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	811.23	33.27	844.50	2024.19	83.21	2107.40
	BARRON						
	GHC OF EAU CLAIRE	726.60	46.00	772.60	1812.62	115.18	1927.80
*	GUNDERSEN LUTHERAN HEALTH PLAN	665.80	0.00	665.80	1660.80	0.00	1660.80
	HEALTH TRADITION HEALTH PLAN	692.00	0.00	692.00	1726.30	0.00	1726.30
	HUMANA WESTERN	726.60	517.10	1243.70	1812.62	1292.98	3105.60
	SECURITY HEALTH PLAN	726.60	161.80	888.40	1812.62	404.68	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	726.60	117.90	844.50	1812.62	294.78	2107.40
	BAYFIELD						
*	ANTHEM BLUE NORTHWEST	640.29	343.51	983.80	1596.95	858.85	2455.80
*	SECURITY HEALTH PLAN	640.29	248.11	888.40	1596.95	620.35	2217.30
	STATE MAINTENANCE PLAN (SMP)	609.80	0.00	609.80	1520.90	0.00	1520.90
	STANDARD PLAN: BALANCE OF STATE-PPP	640.29	204.21	844.50	1596.95	510.45	2107.40
	BROWN						
	ANTHEM BLUE NORTHEAST	571.83	779.27	1351.10	1425.69	1948.41	3374.10
	ARISE HEALTH PLAN	571.83	34.07	605.90	1425.69	85.41	1511.10
	HUMANA EASTERN	571.83	671.87	1243.70	1425.69	1679.91	3105.60
	NETWORK HEALTH PLAN	544.60	0.00	544.60	1357.80	0.00	1357.80
	UNITEDHEALTHCARE NE	571.83	58.17	630.00	1425.69	145.61	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	571.83	272.67	844.50	1425.69	681.71	2107.40
	BUFFALO						
*	GHC OF EAU CLAIRE	726.60	46.00	772.60	1812.62	115.18	1927.80
	HEALTH TRADITION HEALTH PLAN	692.00	0.00	692.00	1726.30	0.00	1726.30
	STANDARD PLAN: BALANCE OF STATE-PPP	726.60	117.90	844.50	1812.62	294.78	2107.40
	BURNETT						
*	ANTHEM BLUE NORTHWEST	811.23	172.57	983.80	2024.19	431.61	2455.80
	GHC OF EAU CLAIRE	772.60	0.00	772.60	1927.80	0.00	1927.80
	STANDARD PLAN: BALANCE OF STATE-PPP	811.23	33.27	844.50	2024.19	83.21	2107.40
	CALUMET						
*	ANTHEM BLUE NORTHEAST	571.83	779.27	1351.10	1425.69	1948.41	3374.10
*	ARISE HEALTH PLAN	571.83	34.07	605.90	1425.69	85.41	1511.10
*	HUMANA EASTERN	571.83	671.87	1243.70	1425.69	1679.91	3105.60
	NETWORK HEALTH PLAN	544.60	0.00	544.60	1357.80	0.00	1357.80
*	UNITEDHEALTHCARE NE	571.83	58.17	630.00	1425.69	145.61	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	571.83	272.67	844.50	1425.69	681.71	2107.40

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard PPP (P05)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	CHIPPEWA						
	GHC OF EAU CLAIRE	699.09	73.51	772.60	1743.84	183.96	1927.80
	GUNDERSEN LUTHERAN HEALTH PLAN	665.80	0.00	665.80	1660.80	0.00	1660.80
	HEALTH TRADITION HEALTH PLAN	692.00	0.00	692.00	1726.30	0.00	1726.30
	HUMANA WESTERN	699.09	544.61	1243.70	1743.84	1361.76	3105.60
	SECURITY HEALTH PLAN	699.09	189.31	888.40	1743.84	473.46	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	699.09	145.41	844.50	1743.84	363.56	2107.40
	CLARK						
	GHC OF EAU CLAIRE	699.09	73.51	772.60	1743.84	183.96	1927.80
	GUNDERSEN LUTHERAN HEALTH PLAN	665.80	0.00	665.80	1660.80	0.00	1660.80
	SECURITY HEALTH PLAN	699.09	189.31	888.40	1743.84	473.46	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	699.09	145.41	844.50	1743.84	363.56	2107.40
	COLUMBIA						
	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	PHYSICIANS PLUS	455.70	0.00	455.70	1135.60	0.00	1135.60
	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	478.49	366.01	844.50	1192.38	915.02	2107.40
	CRAWFORD						
*	GUNDERSEN LUTHERAN HEALTH PLAN	640.29	25.51	665.80	1596.95	63.85	1660.80
*	HEALTH TRADITION HEALTH PLAN	640.29	51.71	692.00	1596.95	129.35	1726.30
*	MEDICAL ASSOCIATES HEALTH PLAN	499.50	0.00	499.50	1245.10	0.00	1245.10
*	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STATE MAINTENANCE PLAN (SMP)	609.80	0.00	609.80	1520.90	0.00	1520.90
	STANDARD PLAN: BALANCE OF STATE-PPP	640.29	204.21	844.50	1596.95	510.45	2107.40
	DANE						
	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	GHC OF SOUTH CENTRAL WISCONSIN	478.49	2.11	480.60	1192.38	5.42	1197.80
	PHYSICIANS PLUS	455.70	0.00	455.70	1135.60	0.00	1135.60
	UNITY UW HEALTH	459.60	0.00	459.60	1145.30	0.00	1145.30
	STANDARD PLAN: DANE-PPP	478.49	306.71	785.20	1192.38	766.82	1959.20
	DODGE						
	ANTHEM BLUE SOUTHEAST	482.16	868.94	1351.10	1201.52	2172.58	3374.10
	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	HUMANA EASTERN	482.16	761.54	1243.70	1201.52	1904.08	3105.60
	NETWORK HEALTH PLAN	482.16	62.44	544.60	1201.52	156.28	1357.80
	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	482.16	362.34	844.50	1201.52	905.88	2107.40

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard PPP (P05)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	DOOR						
	ANTHEM BLUE NORTHEAST	571.83	779.27	1351.10	1425.69	1948.41	3374.10
	ARISE HEALTH PLAN	571.83	34.07	605.90	1425.69	85.41	1511.10
*	HUMANA EASTERN	571.83	671.87	1243.70	1425.69	1679.91	3105.60
	NETWORK HEALTH PLAN	544.60	0.00	544.60	1357.80	0.00	1357.80
	UNITEDHEALTHCARE NE	571.83	58.17	630.00	1425.69	145.61	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	571.83	272.67	844.50	1425.69	681.71	2107.40
	DOUGLAS						
	ANTHEM BLUE NORTHWEST	811.23	172.57	983.80	2024.19	431.61	2455.80
	GHC OF EAU CLAIRE	772.60	0.00	772.60	1927.80	0.00	1927.80
*	HUMANA WESTERN	811.23	432.47	1243.70	2024.19	1081.41	3105.60
	SECURITY HEALTH PLAN	811.23	77.17	888.40	2024.19	193.11	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	811.23	33.27	844.50	2024.19	83.21	2107.40
	DUNN						
	GHC OF EAU CLAIRE	726.60	46.00	772.60	1812.62	115.18	1927.80
	HEALTH TRADITION HEALTH PLAN	692.00	0.00	692.00	1726.30	0.00	1726.30
*	HUMANA WESTERN	726.60	517.10	1243.70	1812.62	1292.98	3105.60
	STANDARD PLAN: BALANCE OF STATE-PPP	726.60	117.90	844.50	1812.62	294.78	2107.40
	EAU CLAIRE						
	ANTHEM BLUE NORTHWEST	699.09	284.71	983.80	1743.84	711.96	2455.80
	GHC OF EAU CLAIRE	699.09	73.51	772.60	1743.84	183.96	1927.80
	GUNDERSEN LUTHERAN HEALTH PLAN	665.80	0.00	665.80	1660.80	0.00	1660.80
	HEALTH TRADITION HEALTH PLAN	692.00	0.00	692.00	1726.30	0.00	1726.30
	HUMANA WESTERN	699.09	544.61	1243.70	1743.84	1361.76	3105.60
	SECURITY HEALTH PLAN	699.09	189.31	888.40	1743.84	473.46	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	699.09	145.41	844.50	1743.84	363.56	2107.40
	FLORENCE						
	STATE MAINTENANCE PLAN (SMP)	609.80	0.00	609.80	1520.90	0.00	1520.90
	STANDARD PLAN: BALANCE OF STATE-PPP	640.29	204.21	844.50	1596.95	510.45	2107.40
	FOND DU LAC						
	ANTHEM BLUE NORTHEAST	482.16	868.94	1351.10	1201.52	2172.58	3374.10
	ARISE HEALTH PLAN	482.16	123.74	605.90	1201.52	309.58	1511.10
	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	HUMANA EASTERN	482.16	761.54	1243.70	1201.52	1904.08	3105.60
	NETWORK HEALTH PLAN	482.16	62.44	544.60	1201.52	156.28	1357.80
	UNITEDHEALTHCARE NE	482.16	147.84	630.00	1201.52	369.78	1571.30
	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	482.16	362.34	844.50	1201.52	905.88	2107.40
	FOREST						
*	SECURITY HEALTH PLAN	640.29	248.11	888.40	1596.95	620.35	2217.30
	STATE MAINTENANCE PLAN (SMP)	609.80	0.00	609.80	1520.90	0.00	1520.90
	STANDARD PLAN: BALANCE OF STATE-PPP	640.29	204.21	844.50	1596.95	510.45	2107.40

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard PPP (P05)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	GRANT						
	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	GUNDERSEN LUTHERAN HEALTH PLAN	478.49	187.31	665.80	1192.38	468.42	1660.80
*	HEALTH TRADITION HEALTH PLAN	478.49	213.51	692.00	1192.38	533.92	1726.30
	MEDICAL ASSOCIATES HEALTH PLAN	478.49	21.01	499.50	1192.38	52.72	1245.10
	PHYSICIANS PLUS	455.70	0.00	455.70	1135.60	0.00	1135.60
	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: DANE-PPP	478.49	306.71	785.20	1192.38	766.82	1959.20
	GREEN						
	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
*	HUMANA EASTERN	482.16	761.54	1243.70	1201.52	1904.08	3105.60
*	MERCYCARE HEALTH PLAN	464.10	0.00	464.10	1156.60	0.00	1156.60
	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	482.16	362.34	844.50	1201.52	905.88	2107.40
	GREEN LAKE						
	ANTHEM BLUE NORTHEAST	571.83	779.27	1351.10	1425.69	1948.41	3374.10
*	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	HUMANA EASTERN	571.83	671.87	1243.70	1425.69	1679.91	3105.60
	NETWORK HEALTH PLAN	544.60	0.00	544.60	1357.80	0.00	1357.80
*	PHYSICIANS PLUS	455.70	0.00	455.70	1135.60	0.00	1135.60
*	SECURITY HEALTH PLAN	571.83	316.57	888.40	1425.69	791.61	2217.30
	UNITEDHEALTHCARE NE	571.83	58.17	630.00	1425.69	145.61	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	571.83	272.67	844.50	1425.69	681.71	2107.40
	IOWA						
	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	MEDICAL ASSOCIATES HEALTH PLAN	478.49	21.01	499.50	1192.38	52.72	1245.10
	PHYSICIANS PLUS	455.70	0.00	455.70	1135.60	0.00	1135.60
	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	478.49	366.01	844.50	1192.38	915.02	2107.40
	IRON						
*	SECURITY HEALTH PLAN	640.29	248.11	888.40	1596.95	620.35	2217.30
	STATE MAINTENANCE PLAN (SMP)	609.80	0.00	609.80	1520.90	0.00	1520.90
	STANDARD PLAN: BALANCE OF STATE-PPP	640.29	204.21	844.50	1596.95	510.45	2107.40
	JACKSON						
	GHC OF EAU CLAIRE	699.09	73.51	772.60	1743.84	183.96	1927.80
	GUNDERSEN LUTHERAN HEALTH PLAN	665.80	0.00	665.80	1660.80	0.00	1660.80
	HEALTH TRADITION HEALTH PLAN	692.00	0.00	692.00	1726.30	0.00	1726.30
	SECURITY HEALTH PLAN	699.09	189.31	888.40	1743.84	473.46	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	699.09	145.41	844.50	1743.84	363.56	2107.40

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard PPP (P05)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	JEFFERSON						
	ANTHEM BLUE SOUTHEAST	482.16	868.94	1351.10	1192.38	2181.72	3374.10
	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	HUMANA EASTERN	482.16	761.54	1243.70	1192.38	1913.22	3105.60
	MERCYCARE HEALTH PLAN	464.10	0.00	464.10	1156.60	0.00	1156.60
*	PHYSICIANS PLUS	455.70	0.00	455.70	1135.60	0.00	1135.60
	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: DANE-PPP	482.16	303.04	785.20	1192.38	766.82	1959.20
	JUNEAU						
*	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	GUNDERSEN LUTHERAN HEALTH PLAN	665.80	0.00	665.80	1660.80	0.00	1660.80
	HEALTH TRADITION HEALTH PLAN	692.00	0.00	692.00	1726.30	0.00	1726.30
	SECURITY HEALTH PLAN	699.09	189.31	888.40	1743.84	473.46	2217.30
*	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	699.09	145.41	844.50	1743.84	363.56	2107.40
	KENOSHA						
	ANTHEM BLUE SOUTHEAST	666.75	684.35	1351.10	1662.99	1711.11	3374.10
	HUMANA EASTERN	666.75	576.95	1243.70	1662.99	1442.61	3105.60
	UNITEDHEALTHCARE SE	635.00	0.00	635.00	1583.80	0.00	1583.80
	STANDARD PLAN: WAUKESHA-PPP	666.75	177.75	844.50	1662.99	444.41	2107.40
	KEWAUNEE						
*	ANTHEM BLUE NORTHEAST	571.83	779.27	1351.10	1425.69	1948.41	3374.10
	ARISE HEALTH PLAN	571.83	34.07	605.90	1425.69	85.41	1511.10
*	HUMANA EASTERN	571.83	671.87	1243.70	1425.69	1679.91	3105.60
	NETWORK HEALTH PLAN	544.60	0.00	544.60	1357.80	0.00	1357.80
*	UNITEDHEALTHCARE NE	571.83	58.17	630.00	1425.69	145.61	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	571.83	272.67	844.50	1425.69	681.71	2107.40
	LACROSSE						
	GUNDERSEN LUTHERAN HEALTH PLAN	665.80	0.00	665.80	1660.80	0.00	1660.80
	HEALTH TRADITION HEALTH PLAN	692.00	0.00	692.00	1726.30	0.00	1726.30
	STANDARD PLAN: DANE-PPP	699.09	86.11	785.20	1743.84	215.36	1959.20
	LAFAYETTE						
*	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	MEDICAL ASSOCIATES HEALTH PLAN	478.49	21.01	499.50	1192.38	52.72	1245.10
	PHYSICIANS PLUS	455.70	0.00	455.70	1135.60	0.00	1135.60
*	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	478.49	366.01	844.50	1192.38	915.02	2107.40
	LANGLADE						
	ARISE HEALTH PLAN	605.90	0.00	605.90	1511.10	0.00	1511.10
	SECURITY HEALTH PLAN	636.20	252.20	888.40	1586.66	630.64	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	636.20	208.30	844.50	1586.66	520.74	2107.40
	LINCOLN						
	SECURITY HEALTH PLAN	886.73	1.67	888.40	2212.77	4.53	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	844.50	0.00	844.50	2107.40	0.00	2107.40

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard PPP (P05)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	MANITOWOC						
	ANTHEM BLUE NORTHEAST	571.83	779.27	1351.10	1425.69	1948.41	3374.10
	ARISE HEALTH PLAN	571.83	34.07	605.90	1425.69	85.41	1511.10
	HUMANA EASTERN	571.83	671.87	1243.70	1425.69	1679.91	3105.60
	NETWORK HEALTH PLAN	544.60	0.00	544.60	1357.80	0.00	1357.80
	UNITEDHEALTHCARE NE	571.83	58.17	630.00	1425.69	145.61	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	571.83	272.67	844.50	1425.69	681.71	2107.40
	MARATHON						
	ARISE HEALTH PLAN	605.90	0.00	605.90	1511.10	0.00	1511.10
	SECURITY HEALTH PLAN	636.20	252.20	888.40	1586.66	630.64	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	636.20	208.30	844.50	1586.66	520.74	2107.40
	MARINETTE						
	ANTHEM BLUE NORTHEAST	636.20	714.90	1351.10	1586.66	1787.44	3374.10
	ARISE HEALTH PLAN	605.90	0.00	605.90	1511.10	0.00	1511.10
	HUMANA EASTERN	636.20	607.50	1243.70	1586.66	1518.94	3105.60
	UNITEDHEALTHCARE NE	630.00	0.00	630.00	1571.30	0.00	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	636.20	208.30	844.50	1586.66	520.74	2107.40
	MARQUETTE						
*	NETWORK HEALTH PLAN	478.49	66.11	544.60	1192.38	165.42	1357.80
	PHYSICIANS PLUS	455.70	0.00	455.70	1135.60	0.00	1135.60
*	UNITEDHEALTHCARE NE	478.49	151.51	630.00	1192.38	378.92	1571.30
*	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	478.49	366.01	844.50	1192.38	915.02	2107.40
	MENOMINEE						
	STATE MAINTENANCE PLAN (SMP)	609.80	0.00	609.80	1520.90	0.00	1520.90
	STANDARD PLAN: BALANCE OF STATE-PPP	640.29	204.21	844.50	1596.95	510.45	2107.40
	MILWAUKEE						
	ANTHEM BLUE SOUTHEAST	666.75	684.35	1351.10	1662.99	1711.11	3374.10
	HUMANA EASTERN	666.75	576.95	1243.70	1662.99	1442.61	3105.60
	UNITEDHEALTHCARE SE	635.00	0.00	635.00	1583.80	0.00	1583.80
	WPS METRO CHOICE	666.75	202.85	869.60	1662.99	507.31	2170.30
	STANDARD PLAN: MILWAUKEE-PPP	666.75	243.75	910.50	1662.99	609.61	2272.60
	MONROE						
	GUNDERSEN LUTHERAN HEALTH PLAN	665.80	0.00	665.80	1660.80	0.00	1660.80
	HEALTH TRADITION HEALTH PLAN	692.00	0.00	692.00	1726.30	0.00	1726.30
	STANDARD PLAN: BALANCE OF STATE-PPP	699.09	145.41	844.50	1743.84	363.56	2107.40

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard PPP (P05)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	OCONTO						
	ANTHEM BLUE NORTHEAST	636.20	714.90	1351.10	1586.66	1787.44	3374.10
	ARISE HEALTH PLAN	605.90	0.00	605.90	1511.10	0.00	1511.10
*	HUMANA EASTERN	636.20	607.50	1243.70	1586.66	1518.94	3105.60
*	NETWORK HEALTH PLAN	544.60	0.00	544.60	1357.80	0.00	1357.80
*	UNITEDHEALTHCARE NE	630.00	0.00	630.00	1571.30	0.00	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	636.20	208.30	844.50	1586.66	520.74	2107.40
	ONEIDA						
*	ARISE HEALTH PLAN	605.90	0.00	605.90	1511.10	0.00	1511.10
	SECURITY HEALTH PLAN	886.73	1.67	888.40	2212.77	4.53	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	844.50	0.00	844.50	2107.40	0.00	2107.40
	OUTAGAMIE						
	ANTHEM BLUE NORTHEAST	571.83	779.27	1351.10	1425.69	1948.41	3374.10
	ARISE HEALTH PLAN	571.83	34.07	605.90	1425.69	85.41	1511.10
	HUMANA EASTERN	571.83	671.87	1243.70	1425.69	1679.91	3105.60
	NETWORK HEALTH PLAN	544.60	0.00	544.60	1357.80	0.00	1357.80
	UNITEDHEALTHCARE NE	571.83	58.17	630.00	1425.69	145.61	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	571.83	272.67	844.50	1425.69	681.71	2107.40
	OZAUKEE						
	ANTHEM BLUE SOUTHEAST	666.75	684.35	1351.10	1662.99	1711.11	3374.10
	HUMANA EASTERN	666.75	576.95	1243.70	1662.99	1442.61	3105.60
	UNITEDHEALTHCARE SE	635.00	0.00	635.00	1583.80	0.00	1583.80
	WPS METRO CHOICE	666.75	202.85	869.60	1662.99	507.31	2170.30
	STANDARD PLAN: WAUKESHA-PPP	666.75	177.75	844.50	1662.99	444.41	2107.40
	PEPIN						
*	GHC OF EAU CLAIRE	640.29	132.31	772.60	1596.95	330.85	1927.80
*	GUNDERSEN LUTHERAN HEALTH PLAN	640.29	25.51	665.80	1596.95	63.85	1660.80
*	HEALTH TRADITION HEALTH PLAN	640.29	51.71	692.00	1596.95	129.35	1726.30
*	HUMANA WESTERN	640.29	603.41	1243.70	1596.95	1508.65	3105.60
*	SECURITY HEALTH PLAN	640.29	248.11	888.40	1596.95	620.35	2217.30
	STATE MAINTENANCE PLAN (SMP)	609.80	0.00	609.80	1520.90	0.00	1520.90
	STANDARD PLAN: BALANCE OF STATE-PPP	640.29	204.21	844.50	1596.95	510.45	2107.40
	PIERCE						
	ANTHEM BLUE NORTHWEST	640.29	343.51	983.80	1596.95	858.85	2455.80
*	GHC OF EAU CLAIRE	640.29	132.31	772.60	1596.95	330.85	1927.80
	HEALTHPARTNERS	640.29	128.51	768.80	1596.95	321.35	1918.30
*	HUMANA WESTERN	640.29	603.41	1243.70	1596.95	1508.65	3105.60
	STATE MAINTENANCE PLAN (SMP)	609.80	0.00	609.80	1520.90	0.00	1520.90
	STANDARD PLAN: BALANCE OF STATE-PPP	640.29	204.21	844.50	1596.95	510.45	2107.40

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard PPP (P05)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	POLK						
	ANTHEM BLUE NORTHWEST	811.23	172.57	983.80	2024.19	431.61	2455.80
	GHC OF EAU CLAIRE	772.60	0.00	772.60	1927.80	0.00	1927.80
	HEALTHPARTNERS	*768.80*	*0.00*	*768.80*	*1918.30*	*0.00*	*1918.30*
*	HUMANA WESTERN	811.23	432.47	1243.70	2024.19	1081.41	3105.60
	STANDARD PLAN: DANE-PPP	785.20	0.00	785.20	1959.20	0.00	1959.20
	PORTAGE						
*	ARISE HEALTH PLAN	605.90	0.00	605.90	1511.10	0.00	1511.10
	SECURITY HEALTH PLAN	886.73	1.67	888.40	2212.77	4.53	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	844.50	0.00	844.50	2107.40	0.00	2107.40
	PRICE						
	SECURITY HEALTH PLAN	886.73	1.67	888.40	2212.77	4.53	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	844.50	0.00	844.50	2107.40	0.00	2107.40
	RACINE						
	ANTHEM BLUE SOUTHEAST	666.75	684.35	1351.10	1662.99	1711.11	3374.10
	HUMANA EASTERN	666.75	576.95	1243.70	1662.99	1442.61	3105.60
	UNITEDHEALTHCARE SE	635.00	0.00	635.00	1583.80	0.00	1583.80
	WPS METRO CHOICE	666.75	202.85	869.60	1662.99	507.31	2170.30
	STANDARD PLAN: WAUKESHA-PPP	666.75	177.75	844.50	1662.99	444.41	2107.40
	RICHLAND						
	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	GUNDERSEN LUTHERAN HEALTH PLAN	478.49	187.31	665.80	1192.38	468.42	1660.80
	HEALTH TRADITION HEALTH PLAN	478.49	213.51	692.00	1192.38	533.92	1726.30
	PHYSICIANS PLUS	455.70	0.00	455.70	1135.60	0.00	1135.60
	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	478.49	366.01	844.50	1192.38	915.02	2107.40
	ROCK						
	ANTHEM BLUE SOUTHEAST	482.16	868.94	1351.10	1201.52	2172.58	3374.10
	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	HUMANA EASTERN	482.16	761.54	1243.70	1201.52	1904.08	3105.60
	MERCYCARE HEALTH PLAN	464.10	0.00	464.10	1156.60	0.00	1156.60
*	PHYSICIANS PLUS	455.70	0.00	455.70	1135.60	0.00	1135.60
	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	482.16	362.34	844.50	1201.52	905.88	2107.40
	RUSK						
	GHC OF EAU CLAIRE	772.60	0.00	772.60	1927.80	0.00	1927.80
	SECURITY HEALTH PLAN	811.23	77.17	888.40	2024.19	193.11	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	811.23	33.27	844.50	2024.19	83.21	2107.40

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard PPP (P05)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	SAUK						
	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
*	GUNDERSEN LUTHERAN HEALTH PLAN	478.49	187.31	665.80	1192.38	468.42	1660.80
	HEALTH TRADITION HEALTH PLAN	478.49	213.51	692.00	1192.38	533.92	1726.30
	PHYSICIANS PLUS	455.70	0.00	455.70	1135.60	0.00	1135.60
	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	478.49	366.01	844.50	1192.38	915.02	2107.40
	SAWYER						
	GHC OF EAU CLAIRE	772.60	0.00	772.60	1927.80	0.00	1927.80
	SECURITY HEALTH PLAN	811.23	77.17	888.40	2024.19	193.11	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	811.23	33.27	844.50	2024.19	83.21	2107.40
	SHAWANO						
	ANTHEM BLUE NORTHEAST	636.20	714.90	1351.10	1586.66	1787.44	3374.10
	ARISE HEALTH PLAN	605.90	0.00	605.90	1511.10	0.00	1511.10
	HUMANA EASTERN	636.20	607.50	1243.70	1586.66	1518.94	3105.60
	UNITEDHEALTHCARE NE	630.00	0.00	630.00	1571.30	0.00	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	636.20	208.30	844.50	1586.66	520.74	2107.40
	SHEBOYGAN						
	ANTHEM BLUE NORTHEAST	571.83	779.27	1351.10	1425.69	1948.41	3374.10
	ARISE HEALTH PLAN	571.83	34.07	605.90	1425.69	85.41	1511.10
	HUMANA EASTERN	571.83	671.87	1243.70	1425.69	1679.91	3105.60
	NETWORK HEALTH PLAN	544.60	0.00	544.60	1357.80	0.00	1357.80
	UNITEDHEALTHCARE NE	571.83	58.17	630.00	1425.69	145.61	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	571.83	272.67	844.50	1425.69	681.71	2107.40
	ST. CROIX						
	ANTHEM BLUE NORTHWEST	811.23	172.57	983.80	2024.19	431.61	2455.80
	GHC OF EAU CLAIRE	772.60	0.00	772.60	1927.80	0.00	1927.80
	HEALTHPARTNERS	*768.80*	*0.00*	*768.80*	*1918.30*	*0.00*	*1918.30*
*	HEALTH TRADITION HEALTH PLAN	692.00	0.00	692.00	1726.30	0.00	1726.30
	HUMANA WESTERN	811.23	432.47	1243.70	2024.19	1081.41	3105.60
	STANDARD PLAN: DANE-PPP	785.20	0.00	785.20	1959.20	0.00	1959.20
	TAYLOR						
	ARISE HEALTH PLAN	605.90	0.00	605.90	1511.10	0.00	1511.10
	SECURITY HEALTH PLAN	636.20	252.20	888.40	1586.66	630.64	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	636.20	208.30	844.50	1586.66	520.74	2107.40
	TREMPEALEAU						
	GHC OF EAU CLAIRE	699.09	73.51	772.60	1743.84	183.96	1927.80
	GUNDERSEN LUTHERAN HEALTH PLAN	665.80	0.00	665.80	1660.80	0.00	1660.80
	HEALTH TRADITION HEALTH PLAN	692.00	0.00	692.00	1726.30	0.00	1726.30
*	SECURITY HEALTH PLAN	699.09	189.31	888.40	1743.84	473.46	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	699.09	145.41	844.50	1743.84	363.56	2107.40

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard PPP (P05)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	VERNON						
*	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	GUNDERSEN LUTHERAN HEALTH PLAN	482.16	183.64	665.80	1201.52	459.28	1660.80
	HEALTH TRADITION HEALTH PLAN	482.16	209.84	692.00	1201.52	524.78	1726.30
*	SECURITY HEALTH PLAN	482.16	406.24	888.40	1201.52	1015.78	2217.30
	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	482.16	362.34	844.50	1201.52	905.88	2107.40
	VILAS						
*	ARISE HEALTH PLAN	605.90	0.00	605.90	1511.10	0.00	1511.10
	SECURITY HEALTH PLAN	886.73	1.67	888.40	2212.77	4.53	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	844.50	0.00	844.50	2107.40	0.00	2107.40
	WALWORTH						
	ANTHEM BLUE SOUTHEAST	482.16	868.94	1351.10	1201.52	2172.58	3374.10
*	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	HUMANA EASTERN	482.16	761.54	1243.70	1201.52	1904.08	3105.60
	MERCYCARE HEALTH PLAN	464.10	0.00	464.10	1156.60	0.00	1156.60
	UNITEDHEALTHCARE SE	482.16	152.84	635.00	1201.52	382.28	1583.80
	UNITY COMMUNITY	459.20	0.00	459.20	1144.30	0.00	1144.30
	STANDARD PLAN: BALANCE OF STATE-PPP	482.16	362.34	844.50	1201.52	905.88	2107.40
	WASHBURN						
	ANTHEM BLUE NORTHWEST	811.23	172.57	983.80	2024.19	431.61	2455.80
	GHC OF EAU CLAIRE	772.60	0.00	772.60	1927.80	0.00	1927.80
*	GUNDERSEN LUTHERAN HEALTH PLAN	665.80	0.00	665.80	1660.80	0.00	1660.80
	SECURITY HEALTH PLAN	811.23	77.17	888.40	2024.19	193.11	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	811.23	33.27	844.50	2024.19	83.21	2107.40
	WASHINGTON						
	ANTHEM BLUE SOUTHEAST	666.75	684.35	1351.10	1662.99	1711.11	3374.10
	HUMANA EASTERN	666.75	576.95	1243.70	1662.99	1442.61	3105.60
	UNITEDHEALTHCARE SE	635.00	0.00	635.00	1583.80	0.00	1583.80
	WPS METRO CHOICE	666.75	202.85	869.60	1662.99	507.31	2170.30
	STANDARD PLAN: WAUKESHA-PPP	666.75	177.75	844.50	1662.99	444.41	2107.40
	WAUKESHA						
	ANTHEM BLUE SOUTHEAST	666.75	684.35	1351.10	1662.99	1711.11	3374.10
*	DEAN HEALTH PLAN	461.90	0.00	461.90	1151.10	0.00	1151.10
	HUMANA EASTERN	666.75	576.95	1243.70	1662.99	1442.61	3105.60
	UNITEDHEALTHCARE SE	635.00	0.00	635.00	1583.80	0.00	1583.80
	WPS METRO CHOICE	666.75	202.85	869.60	1662.99	507.31	2170.30
	STANDARD PLAN: WAUKESHA-PPP	666.75	177.75	844.50	1662.99	444.41	2107.40

2010 Local Low Cost Plan:		Single Coverage			Family Coverage		
	Deductible HMO - Deductible Standard PPP (P05)	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	WAUPACA						
	ANTHEM BLUE NORTHEAST	571.83	779.27	1351.10	1425.69	1948.41	3374.10
	ARISE HEALTH PLAN	571.83	34.07	605.90	1425.69	85.41	1511.10
	HUMANA EASTERN	571.83	671.87	1243.70	1425.69	1679.91	3105.60
	NETWORK HEALTH PLAN	544.60	0.00	544.60	1357.80	0.00	1357.80
*	SECURITY HEALTH PLAN	571.83	316.57	888.40	1425.69	791.61	2217.30
	UNITEDHEALTHCARE NE	571.83	58.17	630.00	1425.69	145.61	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	571.83	272.67	844.50	1425.69	681.71	2107.40
	WAUSHARA						
	ANTHEM BLUE NORTHEAST	478.49	872.61	1351.10	1192.38	2181.72	3374.10
	HUMANA EASTERN	478.49	765.21	1243.70	1192.38	1913.22	3105.60
	NETWORK HEALTH PLAN	478.49	66.11	544.60	1192.38	165.42	1357.80
	PHYSICIANS PLUS	455.70	0.00	455.70	1135.60	0.00	1135.60
	SECURITY HEALTH PLAN	478.49	409.91	888.40	1192.38	1024.92	2217.30
*	UNITEDHEALTHCARE NE	478.49	151.51	630.00	1192.38	378.92	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	478.49	366.01	844.50	1192.38	915.02	2107.40
	WINNEBAGO						
	ANTHEM BLUE NORTHEAST	571.83	779.27	1351.10	1425.69	1948.41	3374.10
*	ARISE HEALTH PLAN	571.83	34.07	605.90	1425.69	85.41	1511.10
	HUMANA EASTERN	571.83	671.87	1243.70	1425.69	1679.91	3105.60
	NETWORK HEALTH PLAN	544.60	0.00	544.60	1357.80	0.00	1357.80
	UNITEDHEALTHCARE NE	571.83	58.17	630.00	1425.69	145.61	1571.30
	STANDARD PLAN: BALANCE OF STATE-PPP	571.83	272.67	844.50	1425.69	681.71	2107.40
	WOOD						
	ARISE HEALTH PLAN	605.90	0.00	605.90	1511.10	0.00	1511.10
	SECURITY HEALTH PLAN	636.20	252.20	888.40	1586.66	630.64	2217.30
	STANDARD PLAN: BALANCE OF STATE-PPP	636.20	208.30	844.50	1586.66	520.74	2107.40