

**2010 MONTHLY LOCAL EMPLOYEE RATES:
TRADITIONAL HMO OPTION--CLASSIC STANDARD PLAN**

MONTHLY LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR 2010	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 - 1*	FAMILY MEDICARE - 2**
ANTHEM BLUE NORTHEAST	1524.10	3806.60	992.60	2514.20	1982.70
ANTHEM BLUE NORTHWEST	1106.70	2763.10	784.00	1888.20	1565.50
ANTHEM BLUE SOUTHEAST	1524.10	3806.60	992.60	2514.20	1982.70
ARISE HEALTH PLAN	664.30	1657.10	562.70	1224.50	1122.90
DEAN HEALTH PLAN	508.10	1266.60	479.70	985.30	956.90
GHC OF EAU CLAIRE	840.90	2098.60	634.30	1472.70	1266.10
GHC OF SOUTH CENTRAL WISCONSIN	510.60	1272.80	485.90	994.00	969.30
GUNDENSEN LUTHERAN HEALTH PLAN	709.70	1770.60	585.50	1292.70	1168.50
HEALTHPARTNERS	820.50	2047.60	621.30	1439.30	1240.10
HEALTH TRADITION HEALTH PLAN	737.90	1841.10	599.50	1334.90	1196.50
HUMANA EASTERN	1370.10	3421.60	543.80	1911.40	1085.10
HUMANA WESTERN	1370.10	3421.60	543.80	1911.40	1085.10
MEDICAL ASSOCIATES HEALTH PLAN	556.40	1387.30	441.70	995.60	880.90
MERCYCARE HEALTH PLAN	506.40	1262.30	483.80	987.70	965.10
NETWORK HEALTH PLAN	601.90	1501.10	531.50	1130.90	1060.50
PHYSICIANS PLUS	506.70	1263.10	456.40	960.60	910.30
SECURITY HEALTH PLAN	978.00	2441.30	598.00	1573.50	1193.50
STANDARD PLAN: BALANCE OF STATE ¹	1002.70	2502.90	427.10	1429.70	851.70
STANDARD PLAN: DANE ²	929.20	2319.30	427.10	1356.30	851.70
STANDARD PLAN: MILWAUKEE ³	1084.50	2707.50	427.10	1511.60	851.70
STANDARD PLAN: WAUKESHA ⁴	1002.70	2502.90	427.10	1429.70	851.70
STATE MAINTENANCE PLAN (SMP)	666.90	1663.70	NA	NA	NA
UNITEDHEALTHCARE NE	691.40	1724.80	576.30	1265.20	1150.10
UNITEDHEALTHCARE SE	699.80	1745.80	580.50	1277.80	1158.50
UNITY COMMUNITY	487.50	1215.10	474.40	959.40	946.30
UNITY UW HEALTH	488.00	1216.30	474.60	960.10	946.70
WPS METRO CHOICE	957.10	2389.10	709.20	1663.80	1415.90

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

**STANDARD PLAN AREA INCLUDES
THE FOLLOWING:**

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

NA = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.

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

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

Medicare premium rates apply only to subscribers who have terminated employment.