2010 MONTHLY LOCAL EMPLOYEE RATES:
DEDUCTIBLE HMO OPTION--DEDUCTIBLE 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*		
PLAN NAME	SINGLE/NON-MEDICARE	FAMILY/NON-MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 1*	FAMILY MEDICARE - 2**
ANTHEM BLUE NORTHEAST	1351.10	3374.10	992.60	2341.20	1982.70
ANTHEM BLUE NORTHWEST	983.80	2455.80	784.00	1765.30	1565.50
ANTHEM BLUE SOUTHEAST	1351.10	3374.10	992.60	2341.20	1982.70
ARISE HEALTH PLAN	605.90	1511.10	533.50	1136.90	1064.50
DEAN HEALTH PLAN	461.90	1151.10	456.60	916.00	910.70
GHC OF EAU CLAIRE	772.60	1927.80	601.70	1371.80	1200.90
GHC OF SOUTH CENTRAL WISCONSIN	480.60	1197.80	485.90	964.00	969.30
GUNDERSEN LUTHERAN HEALTH PLAN	665.80	1660.80	563.50	1226.80	1124.50
HEALTHPARTNERS	768.80	1918.30	596.80	1363.10	1191.10
HEALTH TRADITION HEALTH PLAN	692.00	1726.30	576.80	1266.30	1151.10
HUMANA EASTERN	1243.70	3105.60	471.80	1713.00	941.10
HUMANA WESTERN	1243.70	3105.60	471.80	1713.00	941.10
MEDICAL ASSOCIATES HEALTH PLAN	499.50	1245.10	416.10	913.10	829.70
MERCYCARE HEALTH PLAN	464.10	1156.60	462.70	924.30	922.90
NETWORK HEALTH PLAN	544.60	1357.80	502.90	1045.00	1003.30
PHYSICIANS PLUS	455.70	1135.60	456.40	909.60	910.30
SECURITY HEALTH PLAN	888.40	2217.30	581.70	1467.60	1160.90
STANDARD PLAN: BALANCE OF STATE[1]	916.00	2286.40	408.20	1324.30	814.00
STANDARD PLAN: DANE[2]	850.50	2122.50	408.20	1258.70	814.00
STANDARD PLAN: MILWAUKEE[3]	990.60	2472.60	408.20	1398.80	814.00
STANDARD PLAN: WAUKESHA[4]	916.00	2286.40	408.20	1324.30	814.00
STATE MAINTENANCE PLAN (SMP)	609.80	1520.90	NA	NA	NA
UNITEDHEALTHCARE NE	630.00	1571.30	545.60	1173.10	1088.70
UNITEDHEALTHCARE SE	635.00	1583.80	548.10	1180.60	1093.70
UNITY COMMUNITY	459.20	1144.30	460.20	916.90	917.90
UNITY UW HEALTH	459.60	1145.30	460.40	917.50	918.30
WPS METRO CHOICE	869.60	2170.30	665.40	1532.50	1328.30

STANDARD PLAN AREA INCLUDES THE FOLLOWING:

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