* Not Qualified in County

= Low Cost Qualified Plan

2011 Local Low Cost Qualified Plan: Traditional HMO - Standard PPP (P03)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
ADAMS						
DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
* PHYSICIANS PLUS - MERITER & UW HEALTH	529.10	0.00	529.10	1318.90	0.00	1318.90
SECURITY HEALTH PLAN	539.70	438.40	978.10	1345.26	1096.14	2441.40
UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
STANDARD PLAN: BALANCE OF STATE-PPP	539.70	419.80	959.50	1345.26	1049.64	2394.90
ASHLAND						
ANTHEM BLUE NORTHWEST	883.05	65.85	948.90	2203.64	164.76	2368.40
GHC OF EAU CLAIRE	841.00	0.00	841.00	2098.70	0.00	2098.70
SECURITY HEALTH PLAN	883.05	95.05	978.10	2203.64	237.76	2441.40
STANDARD PLAN: BALANCE OF STATE-PPP	883.05	76.45	959.50	2203.64	191.26	2394.90
BARRON						
GHC OF EAU CLAIRE	841.00	0.00	841.00	2098.70	0.00	2098.70
* GUNDERSEN LUTHERAN HEALTH PLAN	810.20	0.00	810.20	2021.70	0.00	2021.70
HUMANA WESTERN	883.05	231.05	1114.10	2203.64	577.76	2781.40
SECURITY HEALTH PLAN	883.05	95.05	978.10	2203.64	237.76	2441.40
STANDARD PLAN: BALANCE OF STATE-PPP	883.05	76.45	959.50	2203.64	191.26	2394.90
BAYFIELD						
* ANTHEM BLUE NORTHWEST	748.55	200.35	948.90	1867.53	500.87	2368.40
* GHC OF EAU CLAIRE	748.55	92.45	841.00	1867.53	231.17	2098.70
* SECURITY HEALTH PLAN	748.55	229.55	978.10	1867.53	573.87	2441.40
STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
BROWN						
ANTHEM BLUE NORTHEAST	682.40	248.30	930.70	1701.95	620.95	2322.90
ARISE HEALTH PLAN	682.40	86.80	769.20	1701.95	217.25	1919.20
HUMANA EASTERN	682.40	431.70	1114.10	1701.95	1079.45	2781.40
NETWORK HEALTH PLAN	649.90	0.00	649.90	1620.90	0.00	1620.90
UNITEDHEALTHCARE NE	682.40	42.60	725.00	1701.95	106.75	1808.70
WEA TRUST PPP	682.40	87.10	769.50	1701.95	217.95	1919.90
STANDARD PLAN: BALANCE OF STATE-PPP	682.40	277.10	959.50	1701.95	692.95	2394.90
BUFFALO						
* HEALTH TRADITION HEALTH PLAN	723.50	0.00	723.50	1804.90	0.00	1804.90
STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
BURNETT						
ANTHEM BLUE NORTHWEST	883.05	65.85	948.90	2203.64	164.76	2368.40
GHC OF EAU CLAIRE	841.00	0.00	841.00	2098.70	0.00	2098.70
STANDARD PLAN: BALANCE OF STATE-PPP	883.05	76.45	959.50	2203.64	191.26	2394.90
CALUMET						
ANTHEM BLUE NORTHEAST	682.40	248.30	930.70	1701.95	620.95	2322.90
* ARISE HEALTH PLAN	682.40	86.80	769.20	1701.95	217.25	1919.20
* HUMANA EASTERN	682.40	431.70	1114.10	1701.95	1079.45	2781.40
NETWORK HEALTH PLAN	649.90	0.00	649.90	1620.90	0.00	1620.90
* UNITEDHEALTHCARE NE	682.40	42.60	725.00	1701.95	106.75	1808.70
* WEA TRUST PPP	682.40	87.10	769.50	1701.95	217.95	1919.90
STANDARD PLAN: BALANCE OF STATE-PPP	682.40	277.10	959.50	1701.95	692.95	2394.90
CHIPPEWA						
GHC OF EAU CLAIRE	841.00	0.00	841.00	2098.70	0.00	2098.70
GUNDERSEN LUTHERAN HEALTH PLAN	810.20	0.00	810.20	2021.70	0.00	2021.70
HUMANA WESTERN	850.71	263.39	1114.10	2122.79	658.61	2781.40
SECURITY HEALTH PLAN	850.71	127.39	978.10	2122.79	318.61	2441.40
STANDARD PLAN: BALANCE OF STATE-PPP	850.71	108.79	959.50	2122.79	272.11	2394.90

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2011 Local Low Cost Qualified Plan: Traditional HMO - Standard PPP (P03)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
CLARK						
* ARISE HEALTH PLAN	769.20	0.00	769.20	1919.20	0.00	1919.20
GUNDERSEN LUTHERAN HEALTH PLAN	810.20	0.00	810.20	2021.70	0.00	2021.70
SECURITY HEALTH PLAN	850.71	127.39	978.10	2122.79	318.61	2441.40
STANDARD PLAN: BALANCE OF STATE-PPP	850.71	108.79	959.50	2122.79	272.11	2394.90
COLUMBIA						
DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
PHYSICIANS PLUS - MERITER & UW HEALTH	529.10	0.00	529.10	1318.90	0.00	1318.90
UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
STANDARD PLAN: BALANCE OF STATE-PPP	539.70	419.80	959.50	1345.26	1049.64	2394.90
CRAWFORD						
GUNDERSEN LUTHERAN HEALTH PLAN	810.20	0.00	810.20	2021.70	0.00	2021.70
* HEALTH TRADITION HEALTH PLAN	723.50	0.00	723.50	1804.90	0.00	1804.90
* MEDICAL ASSOCIATES HEALTH PLAN	597.90	0.00	597.90	1490.90	0.00	1490.90
* UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
STANDARD PLAN: BALANCE OF STATE-PPP	850.71	108.79	959.50	2122.79	272.11	2394.90
DANE						
DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
GHC OF SOUTH CENTRAL WISCONSIN	540.23	5.57	545.80	1346.52	14.18	1360.70
PHYSICIANS PLUS - MERITER & UW HEALTH	529.10	0.00	529.10	1318.90	0.00	1318.90
UNITY UW HEALTH	514.50	0.00	514.50	1282.40	0.00	1282.40
STANDARD PLAN: DANE-PPP	540.23	350.97	891.20	1346.52	877.68	2224.20
DODGE						
ANTHEM BLUE SOUTHEAST	539.70	561.40	1101.10	1345.26	1403.64	2748.90
* ARISE HEALTH PLAN	539.70	229.50	769.20	1345.26	573.94	1919.20
DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
HUMANA EASTERN	539.70	574.40	1114.10	1345.26	1436.14	2781.40
NETWORK HEALTH PLAN	539.70	110.20	649.90	1345.26	275.64	1620.90
UNITEDHEALTHCARE SE	539.70	220.60	760.30	1345.26	551.64	1896.90
UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
STANDARD PLAN: BALANCE OF STATE-PPP	539.70	419.80	959.50	1345.26	1049.64	2394.90
DOOR						
ANTHEM BLUE NORTHEAST	682.40	248.30	930.70	1701.95	620.95	2322.90
ARISE HEALTH PLAN	682.40	86.80	769.20	1701.95	217.25	1919.20
* HUMANA EASTERN	682.40	431.70	1114.10	1701.95	1079.45	2781.40
NETWORK HEALTH PLAN	649.90	0.00	649.90	1620.90	0.00	1620.90
UNITEDHEALTHCARE NE	682.40	42.60	725.00	1701.95	106.75	1808.70
* WEA TRUST PPP	682.40	87.10	769.50	1701.95	217.95	1919.90
STANDARD PLAN: BALANCE OF STATE-PPP	682.40	277.10	959.50	1701.95	692.95	2394.90
DOUGLAS						
* ANTHEM BLUE NORTHWEST	883.05	65.85	948.90	2203.64	164.76	2368.40
GHC OF EAU CLAIRE	841.00	0.00	841.00	2098.70	0.00	2098.70
HUMANA WESTERN	883.05	231.05	1114.10	2203.64	577.76	2781.40
SECURITY HEALTH PLAN	883.05	95.05	978.10	2203.64	237.76	2441.40
STANDARD PLAN: BALANCE OF STATE-PPP	883.05	76.45	959.50	2203.64	191.26	2394.90
DUNN						
GHC OF EAU CLAIRE	841.00	0.00	841.00	2098.70	0.00	2098.70
* HUMANA WESTERN	883.05	231.05	1114.10	2203.64	577.76	2781.40
STANDARD PLAN: BALANCE OF STATE-PPP	883.05	76.45	959.50	2203.64	191.26	2394.90

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2011 Local Low Cost Qualified Plan: Traditional HMO - Standard PPP (P03)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
EAU CLAIRE						
ANTHEM BLUE NORTHWEST	850.71	98.19	948.90	2122.79	245.61	2368.40
GHC OF EAU CLAIRE	841.00	0.00	841.00	2098.70	0.00	2098.70
GUNDERSEN LUTHERAN HEALTH PLAN	810.20	0.00	810.20	2021.70	0.00	2021.70
HUMANA WESTERN	850.71	263.39	1114.10	2122.79	658.61	2781.40
SECURITY HEALTH PLAN	850.71	127.39	978.10	2122.79	318.61	2441.40
STANDARD PLAN: BALANCE OF STATE-PPP	850.71	108.79	959.50	2122.79	272.11	2394.90
FLORENCE						
* ARISE HEALTH PLAN	748.55	20.65	769.20	1867.53	51.67	1919.20
* WEA TRUST PPP	748.55	20.95	769.50	1867.53	52.37	1919.90
STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
FOND DU LAC						
ANTHEM BLUE NORTHEAST	539.70	391.00	930.70	1345.26	977.64	2322.90
ARISE HEALTH PLAN	539.70	229.50	769.20	1345.26	573.94	1919.20
DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
HUMANA EASTERN	539.70	574.40	1114.10	1345.26	1436.14	2781.40
NETWORK HEALTH PLAN	539.70	110.20	649.90	1345.26	275.64	1620.90
UNITEDHEALTHCARE NE	539.70	185.30	725.00	1345.26	463.44	1808.70
UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
WEA TRUST PPP	539.70	229.80	769.50	1345.26	574.64	1919.90
STANDARD PLAN: BALANCE OF STATE-PPP	539.70	419.80	959.50	1345.26	1049.64	2394.90
FOREST						
* ARISE HEALTH PLAN	748.55	20.65	769.20	1867.53	51.67	1919.20
* SECURITY HEALTH PLAN	748.55	229.55	978.10	1867.53	573.87	2441.40
STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
GRANT						
DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
GUNDERSEN LUTHERAN HEALTH PLAN	539.70	270.50	810.20	1345.26	676.44	2021.70
HEALTH TRADITION HEALTH PLAN	539.70	183.80	723.50	1345.26	459.64	1804.90
MEDICAL ASSOCIATES HEALTH PLAN	539.70	58.20	597.90	1345.26	145.64	1490.90
PHYSICIANS PLUS - MERITER & UW HEALTH	529.10	0.00	529.10	1318.90	0.00	1318.90
UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
STANDARD PLAN: DANE-PPP	539.70	351.50	891.20	1345.26	878.94	2224.20
GREEN						
DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
HUMANA EASTERN	539.70	574.40	1114.10	1345.26	1436.14	2781.40
* MERCYCARE HEALTH PLAN	512.10	0.00	512.10	1276.40	0.00	1276.40
UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
STANDARD PLAN: BALANCE OF STATE-PPP	539.70	419.80	959.50	1345.26	1049.64	2394.90
GREEN LAKE						
ANTHEM BLUE NORTHEAST	682.40	248.30	930.70	1701.95	620.95	2322.90
* ARISE HEALTH PLAN	682.40	86.80	769.20	1701.95	217.25	1919.20
* DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
HUMANA EASTERN	682.40	431.70	1114.10	1701.95	1079.45	2781.40
NETWORK HEALTH PLAN	649.90	0.00	649.90	1620.90	0.00	1620.90
* PHYSICIANS PLUS - MERITER & UW HEALTH	529.10	0.00	529.10	1318.90	0.00	1318.90
* SECURITY HEALTH PLAN	682.40	295.70	978.10	1701.95	739.45	2441.40
UNITEDHEALTHCARE NE	682.40	42.60	725.00	1701.95	106.75	1808.70
WEA TRUST PPP	682.40	87.10	769.50	1701.95	217.95	1919.90
STANDARD PLAN: BALANCE OF STATE-PPP	682.40	277.10	959.50	1701.95	692.95	2394.90

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2011 Local Low Cost Qualified Plan: Traditional HMO - Standard PPP (P03)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
IOWA						
DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
MEDICAL ASSOCIATES HEALTH PLAN	539.70	58.20	597.90	1345.26	145.64	1490.90
PHYSICIANS PLUS - MERITER & UW HEALTH	529.10	0.00	529.10	1318.90	0.00	1318.90
UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
STANDARD PLAN: BALANCE OF STATE-PPP	539.70	419.80	959.50	1345.26	1049.64	2394.90
IRON						
* SECURITY HEALTH PLAN	748.55	229.55	978.10	1867.53	573.87	2441.40
STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
JACKSON						
GUNDERSEN LUTHERAN HEALTH PLAN	759.68	50.52	810.20	1895.15	126.55	2021.70
HEALTH TRADITION HEALTH PLAN	723.50	0.00	723.50	1804.90	0.00	1804.90
SECURITY HEALTH PLAN	759.68	218.42	978.10	1895.15	546.25	2441.40
STANDARD PLAN: BALANCE OF STATE-PPP	759.68	199.82	959.50	1895.15	499.75	2394.90
JEFFERSON						
ANTHEM BLUE SOUTHEAST	537.71	563.39	1101.10	1340.22	1408.68	2748.90
DEAN HEALTH PLAN	537.71	0.49	538.20	1340.22	1.48	1341.70
HUMANA EASTERN	537.71	576.39	1114.10	1340.22	1441.18	2781.40
MERCYCARE HEALTH PLAN	512.10	0.00	512.10	1276.40	0.00	1276.40
* PHYSICIANS PLUS - MERITER & UW HEALTH	529.10	0.00	529.10	1318.90	0.00	1318.90
UNITEDHEALTHCARE SE	537.71	222.59	760.30	1340.22	556.68	1896.90
UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
STANDARD PLAN: DANE-PPP	537.71	353.49	891.20	1340.22	883.98	2224.20
JUNEAU						
* DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
GUNDERSEN LUTHERAN HEALTH PLAN	759.68	50.52	810.20	1895.15	126.55	2021.70
HEALTH TRADITION HEALTH PLAN	723.50	0.00	723.50	1804.90	0.00	1804.90
SECURITY HEALTH PLAN	759.68	218.42	978.10	1895.15	546.25	2441.40
* UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
STANDARD PLAN: BALANCE OF STATE-PPP	759.68	199.82	959.50	1895.15	499.75	2394.90
KENOSHA						
ANTHEM BLUE SOUTHEAST	798.32	302.78	1101.10	1991.75	757.15	2748.90
HUMANA EASTERN	798.32	315.78	1114.10	1991.75	789.65	2781.40
UNITEDHEALTHCARE SE	760.30	0.00	760.30	1896.90	0.00	1896.90
WEA TRUST PPP	769.50	0.00	769.50	1919.90	0.00	1919.90
STANDARD PLAN: WAUKESHA-PPP	798.32	161.18	959.50	1991.75	403.15	2394.90
KEWAUNEE						
ANTHEM BLUE NORTHEAST	682.40	248.30	930.70	1701.95	620.95	2322.90
ARISE HEALTH PLAN	682.40	86.80	769.20	1701.95	217.25	1919.20
* HUMANA EASTERN	682.40	431.70	1114.10	1701.95	1079.45	2781.40
NETWORK HEALTH PLAN	649.90	0.00	649.90	1620.90	0.00	1620.90
* UNITEDHEALTHCARE NE	682.40	42.60	725.00	1701.95	106.75	1808.70
* WEA TRUST PPP	682.40	87.10	769.50	1701.95	217.95	1919.90
STANDARD PLAN: BALANCE OF STATE-PPP	682.40	277.10	959.50	1701.95	692.95	2394.90
LACROSSE						
GUNDERSEN LUTHERAN HEALTH PLAN	759.68	50.52	810.20	1895.15	126.55	2021.70
HEALTH TRADITION HEALTH PLAN	723.50	0.00	723.50	1804.90	0.00	1804.90
STANDARD PLAN: DANE-PPP	759.68	131.52	891.20	1895.15	329.05	2224.20
LAFAYETTE						
DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
MEDICAL ASSOCIATES HEALTH PLAN	555.56	42.34	597.90	1384.85	106.05	1490.90
PHYSICIANS PLUS - MERITER & UW HEALTH	529.10	0.00	529.10	1318.90	0.00	1318.90
STANDARD PLAN: BALANCE OF STATE-PPP	555.56	403.94	959.50	1384.85	1010.05	2394.90
LANGLADE						

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2011 Local Low Cost Qualified Plan: Traditional HMO - Standard PPP (P03)		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	ARISE HEALTH PLAN	769.20	0.00	769.20	1919.20	0.00	1919.20
	SECURITY HEALTH PLAN	807.66	170.44	978.10	2015.16	426.24	2441.40
	STANDARD PLAN: BALANCE OF STATE-PPP	807.66	151.84	959.50	2015.16	379.74	2394.90
LINCOLN							
*	ARISE HEALTH PLAN	769.20	0.00	769.20	1919.20	0.00	1919.20
	SECURITY HEALTH PLAN	978.10	0.00	978.10	2441.40	0.00	2441.40
	STANDARD PLAN: BALANCE OF STATE-PPP	959.50	0.00	959.50	2394.90	0.00	2394.90
MANITOWOC							
	ANTHEM BLUE NORTHEAST	682.40	248.30	930.70	1701.95	620.95	2322.90
	ARISE HEALTH PLAN	682.40	86.80	769.20	1701.95	217.25	1919.20
	HUMANA EASTERN	682.40	431.70	1114.10	1701.95	1079.45	2781.40
	NETWORK HEALTH PLAN	649.90	0.00	649.90	1620.90	0.00	1620.90
	UNITEDHEALTHCARE NE	682.40	42.60	725.00	1701.95	106.75	1808.70
	WEA TRUST PPP	682.40	87.10	769.50	1701.95	217.95	1919.90
	STANDARD PLAN: BALANCE OF STATE-PPP	682.40	277.10	959.50	1701.95	692.95	2394.90
MARATHON							
	ARISE HEALTH PLAN	769.20	0.00	769.20	1919.20	0.00	1919.20
	SECURITY HEALTH PLAN	807.66	170.44	978.10	2015.16	426.24	2441.40
	STANDARD PLAN: BALANCE OF STATE-PPP	807.66	151.84	959.50	2015.16	379.74	2394.90
MARINETTE							
	ANTHEM BLUE NORTHEAST	761.25	169.45	930.70	1899.14	423.76	2322.90
	ARISE HEALTH PLAN	761.25	7.95	769.20	1899.14	20.06	1919.20
	HUMANA EASTERN	761.25	352.85	1114.10	1899.14	882.26	2781.40
	UNITEDHEALTHCARE NE	725.00	0.00	725.00	1808.70	0.00	1808.70
	WEA TRUST PPP	761.25	8.25	769.50	1899.14	20.76	1919.90
	STANDARD PLAN: BALANCE OF STATE-PPP	761.25	198.25	959.50	1899.14	495.76	2394.90
MARQUETTE							
*	NETWORK HEALTH PLAN	555.56	94.34	649.90	1384.85	236.05	1620.90
	PHYSICIANS PLUS - MERITER & UW HEALTH	529.10	0.00	529.10	1318.90	0.00	1318.90
*	UNITEDHEALTHCARE NE	555.56	169.44	725.00	1384.85	423.85	1808.70
*	UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
*	WEA TRUST PPP	555.56	213.94	769.50	1384.85	535.05	1919.90
	STATE MAINTENANCE PLAN (SMP)	555.56	157.34	712.90	1384.85	393.75	1778.60
	STANDARD PLAN: BALANCE OF STATE-PPP	555.56	403.94	959.50	1384.85	1010.05	2394.90
MENOMINEE							
	STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
	STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
MILWAUKEE							
	ANTHEM BLUE SOUTHEAST	798.32	302.78	1101.10	1991.75	757.15	2748.90
	HUMANA EASTERN	798.32	315.78	1114.10	1991.75	789.65	2781.40
	UNITEDHEALTHCARE SE	760.30	0.00	760.30	1896.90	0.00	1896.90
	WEA TRUST PPP	769.50	0.00	769.50	1919.90	0.00	1919.90
	WPS METRO CHOICE	798.32	244.88	1043.20	1991.75	612.45	2604.20
	STANDARD PLAN: MILWAUKEE-PPP	798.32	238.68	1037.00	1991.75	596.95	2588.70
MONROE							
	GUNDERSEN LUTHERAN HEALTH PLAN	759.68	50.52	810.20	1895.15	126.55	2021.70
	HEALTH TRADITION HEALTH PLAN	723.50	0.00	723.50	1804.90	0.00	1804.90
	STANDARD PLAN: BALANCE OF STATE-PPP	759.68	199.82	959.50	1895.15	499.75	2394.90

* Not Qualified in County

= Low Cost Qualified Plan

2011 Local Low Cost Qualified Plan: Traditional HMO - Standard PPP (P03)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
OCONTO						
ANTHEM BLUE NORTHEAST	682.40	248.30	930.70	1701.95	620.95	2322.90
ARISE HEALTH PLAN	682.40	86.80	769.20	1701.95	217.25	1919.20
* HUMANA EASTERN	682.40	431.70	1114.10	1701.95	1079.45	2781.40
NETWORK HEALTH PLAN	649.90	0.00	649.90	1620.90	0.00	1620.90
* UNITEDHEALTHCARE NE	682.40	42.60	725.00	1701.95	106.75	1808.70
WEA TRUST PPP	682.40	87.10	769.50	1701.95	217.95	1919.90
STANDARD PLAN: BALANCE OF STATE-PPP	682.40	277.10	959.50	1701.95	692.95	2394.90
ONEIDA						
* ARISE HEALTH PLAN	769.20	0.00	769.20	1919.20	0.00	1919.20
SECURITY HEALTH PLAN	978.10	0.00	978.10	2441.40	0.00	2441.40
STANDARD PLAN: BALANCE OF STATE-PPP	959.50	0.00	959.50	2394.90	0.00	2394.90
OUTAGAMIE						
ANTHEM BLUE NORTHEAST	682.40	248.30	930.70	1701.95	620.95	2322.90
ARISE HEALTH PLAN	682.40	86.80	769.20	1701.95	217.25	1919.20
HUMANA EASTERN	682.40	431.70	1114.10	1701.95	1079.45	2781.40
NETWORK HEALTH PLAN	649.90	0.00	649.90	1620.90	0.00	1620.90
UNITEDHEALTHCARE NE	682.40	42.60	725.00	1701.95	106.75	1808.70
WEA TRUST PPP	682.40	87.10	769.50	1701.95	217.95	1919.90
STANDARD PLAN: BALANCE OF STATE-PPP	682.40	277.10	959.50	1701.95	692.95	2394.90
OZAUKEE						
ANTHEM BLUE SOUTHEAST	798.32	302.78	1101.10	1991.75	757.15	2748.90
HUMANA EASTERN	798.32	315.78	1114.10	1991.75	789.65	2781.40
UNITEDHEALTHCARE SE	760.30	0.00	760.30	1896.90	0.00	1896.90
WEA TRUST PPP	769.50	0.00	769.50	1919.90	0.00	1919.90
WPS METRO CHOICE	798.32	244.88	1043.20	1991.75	612.45	2604.20
STANDARD PLAN: WAUKESHA-PPP	798.32	161.18	959.50	1991.75	403.15	2394.90
PEPIN						
* GHC OF EAU CLAIRE	748.55	92.45	841.00	1867.53	231.17	2098.70
* GUNDERSEN LUTHERAN HEALTH PLAN	748.55	61.65	810.20	1867.53	154.17	2021.70
* HUMANA WESTERN	748.55	365.55	1114.10	1867.53	913.87	2781.40
* SECURITY HEALTH PLAN	748.55	229.55	978.10	1867.53	573.87	2441.40
STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
PIERCE						
ANTHEM BLUE NORTHWEST	908.15	40.75	948.90	2266.32	102.08	2368.40
HEALTHPARTNERS	864.90	0.00	864.90	2158.40	0.00	2158.40
* HUMANA WESTERN	908.15	205.95	1114.10	2266.32	515.08	2781.40
STANDARD PLAN: BALANCE OF STATE-PPP	908.15	51.35	959.50	2266.32	128.58	2394.90
POLK						
ANTHEM BLUE NORTHWEST	883.05	65.85	948.90	2203.64	164.76	2368.40
GHC OF EAU CLAIRE	841.00	0.00	841.00	2098.70	0.00	2098.70
HEALTHPARTNERS	864.90	0.00	864.90	2158.40	0.00	2158.40
* HUMANA WESTERN	883.05	231.05	1114.10	2203.64	577.76	2781.40
STANDARD PLAN: DANE-PPP	883.05	8.15	891.20	2203.64	20.56	2224.20
PORTAGE						
* ARISE HEALTH PLAN	769.20	0.00	769.20	1919.20	0.00	1919.20
SECURITY HEALTH PLAN	978.10	0.00	978.10	2441.40	0.00	2441.40
STANDARD PLAN: BALANCE OF STATE-PPP	959.50	0.00	959.50	2394.90	0.00	2394.90
PRICE						
SECURITY HEALTH PLAN	978.10	0.00	978.10	2441.40	0.00	2441.40
STANDARD PLAN: BALANCE OF STATE-PPP	959.50	0.00	959.50	2394.90	0.00	2394.90

* Not Qualified in County

= Low Cost Qualified Plan

2011 Local Low Cost Qualified Plan: Traditional HMO - Standard PPP (P03)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
RACINE						
ANTHEM BLUE SOUTHEAST	798.32	302.78	1101.10	1991.75	757.15	2748.90
HUMANA EASTERN	798.32	315.78	1114.10	1991.75	789.65	2781.40
UNITEDHEALTHCARE SE	760.30	0.00	760.30	1896.90	0.00	1896.90
WEA TRUST PPP	769.50	0.00	769.50	1919.90	0.00	1919.90
WPS METRO CHOICE	798.32	244.88	1043.20	1991.75	612.45	2604.20
STANDARD PLAN: WAUKESHA-PPP	798.32	161.18	959.50	1991.75	403.15	2394.90
RICHLAND						
DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
GUNDERSEN LUTHERAN HEALTH PLAN	539.70	270.50	810.20	1345.26	676.44	2021.70
HEALTH TRADITION HEALTH PLAN	539.70	183.80	723.50	1345.26	459.64	1804.90
PHYSICIANS PLUS - MERITER & UW HEALTH	529.10	0.00	529.10	1318.90	0.00	1318.90
UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
STANDARD PLAN: BALANCE OF STATE-PPP	539.70	419.80	959.50	1345.26	1049.64	2394.90
ROCK						
ANTHEM BLUE SOUTHEAST	537.71	563.39	1101.10	1340.22	1408.68	2748.90
DEAN HEALTH PLAN	537.71	0.49	538.20	1340.22	1.48	1341.70
HUMANA EASTERN	537.71	576.39	1114.10	1340.22	1441.18	2781.40
MERCYCARE HEALTH PLAN	512.10	0.00	512.10	1276.40	0.00	1276.40
* PHYSICIANS PLUS - MERITER & UW HEALTH	529.10	0.00	529.10	1318.90	0.00	1318.90
UNITEDHEALTHCARE SE	537.71	222.59	760.30	1340.22	556.68	1896.90
UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
STANDARD PLAN: BALANCE OF STATE-PPP	537.71	421.79	959.50	1340.22	1054.68	2394.90
RUSK						
GHC OF EAU CLAIRE	841.00	0.00	841.00	2098.70	0.00	2098.70
SECURITY HEALTH PLAN	883.05	95.05	978.10	2203.64	237.76	2441.40
STANDARD PLAN: BALANCE OF STATE-PPP	883.05	76.45	959.50	2203.64	191.26	2394.90
SAUK						
DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
GUNDERSEN LUTHERAN HEALTH PLAN	539.70	270.50	810.20	1345.26	676.44	2021.70
HEALTH TRADITION HEALTH PLAN	539.70	183.80	723.50	1345.26	459.64	1804.90
PHYSICIANS PLUS - MERITER & UW HEALTH	529.10	0.00	529.10	1318.90	0.00	1318.90
UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
STANDARD PLAN: BALANCE OF STATE-PPP	539.70	419.80	959.50	1345.26	1049.64	2394.90
SAWYER						
GHC OF EAU CLAIRE	841.00	0.00	841.00	2098.70	0.00	2098.70
SECURITY HEALTH PLAN	883.05	95.05	978.10	2203.64	237.76	2441.40
STANDARD PLAN: BALANCE OF STATE-PPP	883.05	76.45	959.50	2203.64	191.26	2394.90
SHAWANO						
ANTHEM BLUE NORTHEAST	761.25	169.45	930.70	1899.14	423.76	2322.90
ARISE HEALTH PLAN	761.25	7.95	769.20	1899.14	20.06	1919.20
HUMANA EASTERN	761.25	352.85	1114.10	1899.14	882.26	2781.40
UNITEDHEALTHCARE NE	725.00	0.00	725.00	1808.70	0.00	1808.70
WEA TRUST PPP	761.25	8.25	769.50	1899.14	20.76	1919.90
STANDARD PLAN: BALANCE OF STATE-PPP	761.25	198.25	959.50	1899.14	495.76	2394.90
SHEBOYGAN						
ANTHEM BLUE NORTHEAST	682.40	248.30	930.70	1701.95	620.95	2322.90
ARISE HEALTH PLAN	682.40	86.80	769.20	1701.95	217.25	1919.20
HUMANA EASTERN	682.40	431.70	1114.10	1701.95	1079.45	2781.40
NETWORK HEALTH PLAN	649.90	0.00	649.90	1620.90	0.00	1620.90
UNITEDHEALTHCARE NE	682.40	42.60	725.00	1701.95	106.75	1808.70
WEA TRUST PPP	682.40	87.10	769.50	1701.95	217.95	1919.90
STANDARD PLAN: BALANCE OF STATE-PPP	682.40	277.10	959.50	1701.95	692.95	2394.90

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= Low Cost Qualified Plan

2011 Local Low Cost Qualified Plan: Traditional HMO - Standard PPP (P03)		Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
ST. CROIX							
	ANTHEM BLUE NORTHWEST	908.15	40.75	948.90	2266.32	102.08	2368.40
	HEALTHPARTNERS	864.90	0.00	864.90	2158.40	0.00	2158.40
	HUMANA WESTERN	908.15	205.95	1114.10	2266.32	515.08	2781.40
	STANDARD PLAN: DANE-PPP	891.20	0.00	891.20	2224.20	0.00	2224.20
TAYLOR							
	ARISE HEALTH PLAN	769.20	0.00	769.20	1919.20	0.00	1919.20
	SECURITY HEALTH PLAN	807.66	170.44	978.10	2015.16	426.24	2441.40
	STANDARD PLAN: BALANCE OF STATE-PPP	807.66	151.84	959.50	2015.16	379.74	2394.90
TREMPEALEAU							
	GUNDERSEN LUTHERAN HEALTH PLAN	759.68	50.52	810.20	1895.15	126.55	2021.70
	HEALTH TRADITION HEALTH PLAN	723.50	0.00	723.50	1804.90	0.00	1804.90
*	SECURITY HEALTH PLAN	759.68	218.42	978.10	1895.15	546.25	2441.40
	STANDARD PLAN: BALANCE OF STATE-PPP	759.68	199.82	959.50	1895.15	499.75	2394.90
VERNON							
*	DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
	GUNDERSEN LUTHERAN HEALTH PLAN	539.70	270.50	810.20	1345.26	676.44	2021.70
	HEALTH TRADITION HEALTH PLAN	539.70	183.80	723.50	1345.26	459.64	1804.90
*	SECURITY HEALTH PLAN	539.70	438.40	978.10	1345.26	1096.14	2441.40
	UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
	STANDARD PLAN: BALANCE OF STATE-PPP	539.70	419.80	959.50	1345.26	1049.64	2394.90
VILAS							
*	ARISE HEALTH PLAN	748.55	20.65	769.20	1867.53	51.67	1919.20
*	SECURITY HEALTH PLAN	748.55	229.55	978.10	1867.53	573.87	2441.40
	STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
	STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
WALWORTH							
	ANTHEM BLUE SOUTHEAST	537.71	563.39	1101.10	1340.22	1408.68	2748.90
*	DEAN HEALTH PLAN	537.71	0.49	538.20	1340.22	1.48	1341.70
	HUMANA EASTERN	537.71	576.39	1114.10	1340.22	1441.18	2781.40
	MERCYCARE HEALTH PLAN	512.10	0.00	512.10	1276.40	0.00	1276.40
	UNITEDHEALTHCARE SE	537.71	222.59	760.30	1340.22	556.68	1896.90
	UNITY COMMUNITY	514.00	0.00	514.00	1281.20	0.00	1281.20
	WEA TRUST PPP	537.71	231.79	769.50	1340.22	579.68	1919.90
	STANDARD PLAN: BALANCE OF STATE-PPP	537.71	421.79	959.50	1340.22	1054.68	2394.90
WASHBURN							
	ANTHEM BLUE NORTHWEST	883.05	65.85	948.90	2203.64	164.76	2368.40
	GHC OF EAU CLAIRE	841.00	0.00	841.00	2098.70	0.00	2098.70
*	GUNDERSEN LUTHERAN HEALTH PLAN	810.20	0.00	810.20	2021.70	0.00	2021.70
	SECURITY HEALTH PLAN	883.05	95.05	978.10	2203.64	237.76	2441.40
	STANDARD PLAN: BALANCE OF STATE-PPP	883.05	76.45	959.50	2203.64	191.26	2394.90
WASHINGTON							
	ANTHEM BLUE SOUTHEAST	798.32	302.78	1101.10	1991.75	757.15	2748.90
	HUMANA EASTERN	798.32	315.78	1114.10	1991.75	789.65	2781.40
	UNITEDHEALTHCARE SE	760.30	0.00	760.30	1896.90	0.00	1896.90
	WEA TRUST PPP	769.50	0.00	769.50	1919.90	0.00	1919.90
	WPS METRO CHOICE	798.32	244.88	1043.20	1991.75	612.45	2604.20
	STANDARD PLAN: WAUKESHA-PPP	798.32	161.18	959.50	1991.75	403.15	2394.90

* Not Qualified in County

= Low Cost Qualified Plan

2011 Local Low Cost Qualified Plan: Traditional HMO - Standard PPP (P03)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WAUKESHA						
ANTHEM BLUE SOUTHEAST	798.32	302.78	1101.10	1991.75	757.15	2748.90
* DEAN HEALTH PLAN	538.20	0.00	538.20	1341.70	0.00	1341.70
HUMANA EASTERN	798.32	315.78	1114.10	1991.75	789.65	2781.40
UNITEDHEALTHCARE SE	760.30	0.00	760.30	1896.90	0.00	1896.90
WEA TRUST PPP	769.50	0.00	769.50	1919.90	0.00	1919.90
WPS METRO CHOICE	798.32	244.88	1043.20	1991.75	612.45	2604.20
STANDARD PLAN: WAUKESHA-PPP	798.32	161.18	959.50	1991.75	403.15	2394.90
WAUPACA						
ANTHEM BLUE NORTHEAST	682.40	248.30	930.70	1701.95	620.95	2322.90
ARISE HEALTH PLAN	682.40	86.80	769.20	1701.95	217.25	1919.20
HUMANA EASTERN	682.40	431.70	1114.10	1701.95	1079.45	2781.40
NETWORK HEALTH PLAN	649.90	0.00	649.90	1620.90	0.00	1620.90
* SECURITY HEALTH PLAN	682.40	295.70	978.10	1701.95	739.45	2441.40
UNITEDHEALTHCARE NE	682.40	42.60	725.00	1701.95	106.75	1808.70
WEA TRUST PPP	682.40	87.10	769.50	1701.95	217.95	1919.90
STANDARD PLAN: BALANCE OF STATE-PPP	682.40	277.10	959.50	1701.95	692.95	2394.90
WAUSHARA						
ANTHEM BLUE NORTHEAST	555.56	375.14	930.70	1384.85	938.05	2322.90
HUMANA EASTERN	555.56	558.54	1114.10	1384.85	1396.55	2781.40
NETWORK HEALTH PLAN	555.56	94.34	649.90	1384.85	236.05	1620.90
PHYSICIANS PLUS - MERITER & UW HEALTH	529.10	0.00	529.10	1318.90	0.00	1318.90
SECURITY HEALTH PLAN	555.56	422.54	978.10	1384.85	1056.55	2441.40
* UNITEDHEALTHCARE NE	555.56	169.44	725.00	1384.85	423.85	1808.70
WEA TRUST PPP	555.56	213.94	769.50	1384.85	535.05	1919.90
STANDARD PLAN: BALANCE OF STATE-PPP	555.56	403.94	959.50	1384.85	1010.05	2394.90
WINNEBAGO						
ANTHEM BLUE NORTHEAST	682.40	248.30	930.70	1701.95	620.95	2322.90
* ARISE HEALTH PLAN	682.40	86.80	769.20	1701.95	217.25	1919.20
HUMANA EASTERN	682.40	431.70	1114.10	1701.95	1079.45	2781.40
NETWORK HEALTH PLAN	649.90	0.00	649.90	1620.90	0.00	1620.90
UNITEDHEALTHCARE NE	682.40	42.60	725.00	1701.95	106.75	1808.70
WEA TRUST PPP	682.40	87.10	769.50	1701.95	217.95	1919.90
STANDARD PLAN: BALANCE OF STATE-PPP	682.40	277.10	959.50	1701.95	692.95	2394.90
WOOD						
ARISE HEALTH PLAN	769.20	0.00	769.20	1919.20	0.00	1919.20
SECURITY HEALTH PLAN	807.66	170.44	978.10	2015.16	426.24	2441.40
STANDARD PLAN: BALANCE OF STATE-PPP	807.66	151.84	959.50	2015.16	379.74	2394.90