* Not Qualified in County

= Low Cost Qualified Plan

2012 Local Low Cost Plan:

Effective January 1, 2012
Traditional HMO - Standard PPP (P03)

Provides employer share amount that is 105% of the lowest premium cost of the qualified Tier 1 health plans within the county.

			Single Coverage			Family Coverage		
			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	ADAMS							
	ADAMS	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	ADAMS	PHYSICIANS PLUS	524.37	36.53	560.90	1306.52	91.58	1398.10
	ADAMS	SECURITY HEALTH PLAN	524.37	452.03	976.40	1306.52	1130.28	2436.80
	ADAMS	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	ADAMS	STANDARD PLAN: BALANCE OF STATE-PPP	524.37	435.13	959.50	1306.52	1088.38	2394.90
	ASHLAND							
	ASHLAND	ANTHEM BLUE NORTHWEST	859.32	216.98	1076.30	2143.89	542.71	2686.60
	ASHLAND	GHC OF EAU CLAIRE	859.32	116.58	975.90	2143.89	291.71	2435.60
	ASHLAND	SECURITY HEALTH PLAN	859.32	117.08	976.40	2143.89	292.91	2436.80
	ASHLAND	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	ASHLAND	STANDARD PLAN: BALANCE OF STATE-PPP	859.32	100.18	959.50	2143.89	251.01	2394.90
	BARRON							
*	BARRON	GUNDERSEN LUTHERAN HEALTH PLAN	786.70	0.00	786.70	1962.60	0.00	1962.60
	BARRON	HUMANA WESTERN	859.32	232.48	1091.80	2143.89	581.41	2725.30
	BARRON	SECURITY HEALTH PLAN	859.32	117.08	976.40	2143.89	292.91	2436.80
	BARRON	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	BARRON	STANDARD PLAN: BALANCE OF STATE-PPP	859.32	100.18	959.50	2143.89	251.01	2394.90
	BAYFIELD							
*	BAYFIELD	ANTHEM BLUE NORTHWEST	748.55	327.75	1076.30	1867.53	819.07	2686.60
*	BAYFIELD	GHC OF EAU CLAIRE	748.55	227.35	975.90	1867.53	568.07	2435.60
*	BAYFIELD	HEALTHPARTNERS	748.55	114.65	863.20	1867.53	286.27	2153.80
*	BAYFIELD	SECURITY HEALTH PLAN	748.55	227.85	976.40	1867.53	569.27	2436.80
*	BAYFIELD	WEA TRUST NORTHWEST	748.55	69.85	818.40	1867.53	174.27	2041.80
	BAYFIELD	STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
	BAYFIELD	STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
	BROWN							
	BROWN	ANTHEM BLUE NORTHEAST	680.61	251.79	932.40	1697.12	629.68	2326.80
	BROWN	ARISE HEALTH PLAN	680.61	181.29	861.90	1697.12	453.48	2150.60
	BROWN	HUMANA EASTERN	680.61	411.19	1091.80	1697.12	1028.18	2725.30
	BROWN	NETWORK HEALTH PLAN	648.20	0.00	648.20	1616.30	0.00	1616.30
	BROWN	UNITEDHEALTHCARE NE	680.61	58.79	739.40	1697.12	147.18	1844.30
	BROWN	WEA TRUST EAST	680.61	100.99	781.60	1697.12	252.68	1949.80
	BROWN	STANDARD PLAN: BALANCE OF STATE-PPP	680.61	278.89	959.50	1697.12	697.78	2394.90
	BUFFALO							
*	BUFFALO	HEALTH TRADITION HEALTH PLAN	721.80	0.00	721.80	1800.30	0.00	1800.30
*	BUFFALO	WEA TRUST NORTHWEST	748.55	69.85	818.40	1867.53	174.27	2041.80
	BUFFALO	STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
	BUFFALO	STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
	BURNETT							
	BURNETT	ANTHEM BLUE NORTHWEST	859.32	216.98	1076.30	2143.89	542.71	2686.60
	BURNETT	GHC OF EAU CLAIRE	859.32	116.58	975.90	2143.89	291.71	2435.60
	BURNETT	HEALTHPARTNERS	859.32	3.88	863.20	2143.89	9.91	2153.80
	BURNETT	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	BURNETT	STANDARD PLAN: BALANCE OF STATE-PPP	859.32	100.18	959.50	2143.89	251.01	2394.90
	CALUMET							
	CALUMET	ANTHEM BLUE NORTHEAST	680.61	251.79	932.40	1697.12	629.68	2326.80
*	CALUMET	ARISE HEALTH PLAN	680.61	181.29	861.90	1697.12	453.48	2150.60
*	CALUMET	HUMANA EASTERN	680.61	411.19	1091.80	1697.12	1028.18	2725.30
	CALUMET	NETWORK HEALTH PLAN	648.20	0.00	648.20	1616.30	0.00	1616.30
	CALUMET	UNITEDHEALTHCARE NE	680.61	58.79	739.40	1697.12	147.18	1844.30
*	CALUMET	WEA TRUST EAST	680.61	100.99	781.60	1697.12	252.68	1949.80
	CALUMET	STANDARD PLAN: BALANCE OF STATE-PPP	680.61	278.89	959.50	1697.12	697.78	2394.90
	CHIPPEWA							
	CHIPPEWA	GUNDERSEN LUTHERAN HEALTH PLAN	786.70	0.00	786.70	1962.60	0.00	1962.60
	CHIPPEWA	HUMANA WESTERN	826.04	265.76	1091.80	2060.73	664.57	2725.30
	CHIPPEWA	SECURITY HEALTH PLAN	826.04	150.36	976.40	2060.73	376.07	2436.80
	CHIPPEWA	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	CHIPPEWA	STANDARD PLAN: BALANCE OF STATE-PPP	826.04	133.46	959.50	2060.73	334.17	2394.90

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2012 Local Low Cost Plan:

Effective January 1, 2012
Traditional HMO - Standard PPP (P03)

Provides employer share amount that is 105% of the lowest premium cost of the qualified Tier 1 health plans within the county.

			Single Coverage			Family Coverage		
			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	CLARK							
*	CLARK	ARISE HEALTH PLAN	826.04	35.86	861.90	2060.73	89.87	2150.60
	CLARK	GUNDERSEN LUTHERAN HEALTH PLAN	786.70	0.00	786.70	1962.60	0.00	1962.60
	CLARK	SECURITY HEALTH PLAN	826.04	150.36	976.40	2060.73	376.07	2436.80
	CLARK	STANDARD PLAN: BALANCE OF STATE-PPP	826.04	133.46	959.50	2060.73	334.17	2394.90
	COLUMBIA							
	COLUMBIA	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	COLUMBIA	PHYSICIANS PLUS	524.37	36.53	560.90	1306.52	91.58	1398.10
	COLUMBIA	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	COLUMBIA	WEA TRUST EAST	524.37	257.23	781.60	1306.52	643.28	1949.80
	COLUMBIA	STANDARD PLAN: BALANCE OF STATE-PPP	524.37	435.13	959.50	1306.52	1088.38	2394.90
	CRAWFORD							
	CRAWFORD	GUNDERSEN LUTHERAN HEALTH PLAN	786.70	0.00	786.70	1962.60	0.00	1962.60
*	CRAWFORD	HEALTH TRADITION HEALTH PLAN	721.80	0.00	721.80	1800.30	0.00	1800.30
*	CRAWFORD	MEDICAL ASSOCIATES HEALTH PLAN	658.40	0.00	658.40	1641.80	0.00	1641.80
*	CRAWFORD	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	CRAWFORD	STANDARD PLAN: BALANCE OF STATE-PPP	826.04	133.46	959.50	2060.73	334.17	2394.90
	DANE							
	DANE	DEAN HEALTH PLAN	524.90	50.40	575.30	1307.88	126.22	1434.10
	DANE	GHC OF SOUTH CENTRAL WISCONSIN	524.90	44.70	569.60	1307.88	111.92	1419.80
	DANE	PHYSICIANS PLUS	524.90	36.00	560.90	1307.88	90.22	1398.10
	DANE	UNITY UW HEALTH	499.90	0.00	499.90	1245.60	0.00	1245.60
	DANE	STANDARD PLAN: DANE-PPP	524.90	366.30	891.20	1307.88	916.32	2224.20
	DODGE							
	DODGE	ANTHEM BLUE SOUTHEAST	524.37	514.93	1039.30	1306.52	1287.58	2594.10
*	DODGE	ARISE HEALTH PLAN	524.37	337.53	861.90	1306.52	844.08	2150.60
	DODGE	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	DODGE	HUMANA EASTERN	524.37	567.43	1091.80	1306.52	1418.78	2725.30
	DODGE	NETWORK HEALTH PLAN	524.37	123.83	648.20	1306.52	309.78	1616.30
	DODGE	UNITEDHEALTHCARE SE	524.37	251.23	775.60	1306.52	628.28	1934.80
	DODGE	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	DODGE	WEA TRUST EAST	524.37	257.23	781.60	1306.52	643.28	1949.80
	DODGE	STANDARD PLAN: BALANCE OF STATE-PPP	524.37	435.13	959.50	1306.52	1088.38	2394.90
	DOOR							
	DOOR	ANTHEM BLUE NORTHEAST	680.61	251.79	932.40	1697.12	629.68	2326.80
	DOOR	ARISE HEALTH PLAN	680.61	181.29	861.90	1697.12	453.48	2150.60
*	DOOR	HUMANA EASTERN	680.61	411.19	1091.80	1697.12	1028.18	2725.30
	DOOR	NETWORK HEALTH PLAN	648.20	0.00	648.20	1616.30	0.00	1616.30
	DOOR	UNITEDHEALTHCARE NE	680.61	58.79	739.40	1697.12	147.18	1844.30
	DOOR	WEA TRUST EAST	680.61	100.99	781.60	1697.12	252.68	1949.80
	DOOR	STANDARD PLAN: BALANCE OF STATE-PPP	680.61	278.89	959.50	1697.12	697.78	2394.90
	DOUGLAS							
	DOUGLAS	ANTHEM BLUE NORTHWEST	859.32	216.98	1076.30	2143.89	542.71	2686.60
	DOUGLAS	GHC OF EAU CLAIRE	859.32	116.58	975.90	2143.89	291.71	2435.60
	DOUGLAS	HEALTHPARTNERS	859.32	3.88	863.20	2143.89	9.91	2153.80
	DOUGLAS	HUMANA WESTERN	859.32	232.48	1091.80	2143.89	581.41	2725.30
	DOUGLAS	SECURITY HEALTH PLAN	859.32	117.08	976.40	2143.89	292.91	2436.80
	DOUGLAS	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	DOUGLAS	STANDARD PLAN: BALANCE OF STATE-PPP	859.32	100.18	959.50	2143.89	251.01	2394.90
	DUNN							
*	DUNN	HUMANA WESTERN	859.32	232.48	1091.80	2143.89	581.41	2725.30
	DUNN	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	DUNN	STANDARD PLAN: BALANCE OF STATE-PPP	859.32	100.18	959.50	2143.89	251.01	2394.90
	EAU CLAIRE							
	EAU CLAIRE	ANTHEM BLUE NORTHWEST	826.04	250.26	1076.30	2060.73	625.87	2686.60
	EAU CLAIRE	GUNDERSEN LUTHERAN HEALTH PLAN	786.70	0.00	786.70	1962.60	0.00	1962.60
	EAU CLAIRE	HUMANA WESTERN	826.04	265.76	1091.80	2060.73	664.57	2725.30
	EAU CLAIRE	SECURITY HEALTH PLAN	826.04	150.36	976.40	2060.73	376.07	2436.80
	EAU CLAIRE	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	EAU CLAIRE	STANDARD PLAN: BALANCE OF STATE-PPP	826.04	133.46	959.50	2060.73	334.17	2394.90

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			Single Coverage			Family Coverage		
			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	FLORENCE							
*	FLORENCE	ARISE HEALTH PLAN	748.55	113.35	861.90	1867.53	283.07	2150.60
*	FLORENCE	WEA TRUST EAST	748.55	33.05	781.60	1867.53	82.27	1949.80
	FLORENCE	STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
	FLORENCE	STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
	FOND DU LAC							
	FOND DU LAC	ANTHEM BLUE NORTHEAST	524.37	408.03	932.40	1306.52	1020.28	2326.80
	FOND DU LAC	ARISE HEALTH PLAN	524.37	337.53	861.90	1306.52	844.08	2150.60
	FOND DU LAC	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	FOND DU LAC	HUMANA EASTERN	524.37	567.43	1091.80	1306.52	1418.78	2725.30
	FOND DU LAC	NETWORK HEALTH PLAN	524.37	123.83	648.20	1306.52	309.78	1616.30
	FOND DU LAC	UNITEDHEALTHCARE NE	524.37	215.03	739.40	1306.52	537.78	1844.30
	FOND DU LAC	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	FOND DU LAC	WEA TRUST EAST	524.37	257.23	781.60	1306.52	643.28	1949.80
	FOND DU LAC	STANDARD PLAN: BALANCE OF STATE-PPP	524.37	435.13	959.50	1306.52	1088.38	2394.90
	FOREST							
*	FOREST	ARISE HEALTH PLAN	748.55	113.35	861.90	1867.53	283.07	2150.60
*	FOREST	SECURITY HEALTH PLAN	748.55	227.85	976.40	1867.53	569.27	2436.80
	FOREST	STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
	FOREST	STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
	GRANT							
	GRANT	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	GRANT	GUNDERSEN LUTHERAN HEALTH PLAN	524.37	262.33	786.70	1306.52	656.08	1962.60
	GRANT	HEALTH TRADITION HEALTH PLAN	524.37	197.43	721.80	1306.52	493.78	1800.30
	GRANT	MEDICAL ASSOCIATES HEALTH PLAN	524.37	134.03	658.40	1306.52	335.28	1641.80
	GRANT	PHYSICIANS PLUS	524.37	36.53	560.90	1306.52	91.58	1398.10
	GRANT	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	GRANT	STANDARD PLAN: DANE-PPP	524.37	366.83	891.20	1306.52	917.68	2224.20
	GREEN							
	GREEN	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	GREEN	HUMANA EASTERN	524.37	567.43	1091.80	1306.52	1418.78	2725.30
*	GREEN	MERCYCARE HEALTH PLAN	524.37	19.53	543.90	1306.52	49.08	1355.60
	GREEN	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	GREEN	STANDARD PLAN: BALANCE OF STATE-PPP	524.37	435.13	959.50	1306.52	1088.38	2394.90
	GREEN LAKE							
	GREEN LAKE	ANTHEM BLUE NORTHEAST	680.61	251.79	932.40	1697.12	629.68	2326.80
*	GREEN LAKE	ARISE HEALTH PLAN	680.61	181.29	861.90	1697.12	453.48	2150.60
*	GREEN LAKE	DEAN HEALTH PLAN	575.30	0.00	575.30	1434.10	0.00	1434.10
	GREEN LAKE	HUMANA EASTERN	680.61	411.19	1091.80	1697.12	1028.18	2725.30
	GREEN LAKE	NETWORK HEALTH PLAN	648.20	0.00	648.20	1616.30	0.00	1616.30
*	GREEN LAKE	PHYSICIANS PLUS	560.90	0.00	560.90	1398.10	0.00	1398.10
*	GREEN LAKE	SECURITY HEALTH PLAN	680.61	295.79	976.40	1697.12	739.68	2436.80
	GREEN LAKE	UNITEDHEALTHCARE NE	680.61	58.79	739.40	1697.12	147.18	1844.30
	GREEN LAKE	WEA TRUST EAST	680.61	100.99	781.60	1697.12	252.68	1949.80
	GREEN LAKE	STANDARD PLAN: BALANCE OF STATE-PPP	680.61	278.89	959.50	1697.12	697.78	2394.90
	IOWA							
	IOWA	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	IOWA	MEDICAL ASSOCIATES HEALTH PLAN	524.37	134.03	658.40	1306.52	335.28	1641.80
	IOWA	PHYSICIANS PLUS	524.37	36.53	560.90	1306.52	91.58	1398.10
	IOWA	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	IOWA	STANDARD PLAN: BALANCE OF STATE-PPP	524.37	435.13	959.50	1306.52	1088.38	2394.90
	IRON							
*	IRON	SECURITY HEALTH PLAN	748.55	227.85	976.40	1867.53	569.27	2436.80
	IRON	STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
	IRON	STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
	JACKSON							
	JACKSON	GUNDERSEN LUTHERAN HEALTH PLAN	757.89	28.81	786.70	1890.32	72.28	1962.60
	JACKSON	HEALTH TRADITION HEALTH PLAN	721.80	0.00	721.80	1800.30	0.00	1800.30
	JACKSON	SECURITY HEALTH PLAN	757.89	218.51	976.40	1890.32	546.48	2436.80
	JACKSON	WEA TRUST NORTHWEST	757.89	60.51	818.40	1890.32	151.48	2041.80
	JACKSON	STANDARD PLAN: BALANCE OF STATE-PPP	757.89	201.61	959.50	1890.32	504.58	2394.90

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			Single Coverage			Family Coverage		
			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	JEFFERSON							
	JEFFERSON	ANTHEM BLUE SOUTHEAST	524.37	514.93	1039.30	1306.52	1287.58	2594.10
	JEFFERSON	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	JEFFERSON	HUMANA EASTERN	524.37	567.43	1091.80	1306.52	1418.78	2725.30
	JEFFERSON	MERCYCARE HEALTH PLAN	524.37	19.53	543.90	1306.52	49.08	1355.60
*	JEFFERSON	PHYSICIANS PLUS	524.37	36.53	560.90	1306.52	91.58	1398.10
	JEFFERSON	UNITEDHEALTHCARE SE	524.37	251.23	775.60	1306.52	628.28	1934.80
	JEFFERSON	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	JEFFERSON	WEA TRUST EAST	524.37	257.23	781.60	1306.52	643.28	1949.80
	JEFFERSON	STANDARD PLAN: DANE-PPP	524.37	366.83	891.20	1306.52	917.68	2224.20
	JUNEAU							
*	JUNEAU	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	JUNEAU	GUNDERSEN LUTHERAN HEALTH PLAN	524.37	262.33	786.70	1306.52	656.08	1962.60
	JUNEAU	HEALTH TRADITION HEALTH PLAN	524.37	197.43	721.80	1306.52	493.78	1800.30
	JUNEAU	SECURITY HEALTH PLAN	524.37	452.03	976.40	1306.52	1130.28	2436.80
	JUNEAU	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	JUNEAU	STANDARD PLAN: BALANCE OF STATE-PPP	524.37	435.13	959.50	1306.52	1088.38	2394.90
	KENOSHA							
	KENOSHA	ANTHEM BLUE SOUTHEAST	814.38	224.92	1039.30	2031.54	562.56	2594.10
	KENOSHA	HUMANA EASTERN	814.38	277.42	1091.80	2031.54	693.76	2725.30
	KENOSHA	UNITEDHEALTHCARE SE	775.60	0.00	775.60	1934.80	0.00	1934.80
	KENOSHA	WEA TRUST EAST	781.60	0.00	781.60	1949.80	0.00	1949.80
	KENOSHA	STANDARD PLAN: WAUKESHA-PPP	814.38	145.12	959.50	2031.54	363.36	2394.90
	KEWAUNEE							
	KEWAUNEE	ANTHEM BLUE NORTHEAST	680.61	251.79	932.40	1697.12	629.68	2326.80
	KEWAUNEE	ARISE HEALTH PLAN	680.61	181.29	861.90	1697.12	453.48	2150.60
*	KEWAUNEE	HUMANA EASTERN	680.61	411.19	1091.80	1697.12	1028.18	2725.30
	KEWAUNEE	NETWORK HEALTH PLAN	648.20	0.00	648.20	1616.30	0.00	1616.30
*	KEWAUNEE	UNITEDHEALTHCARE NE	680.61	58.79	739.40	1697.12	147.18	1844.30
	KEWAUNEE	WEA TRUST EAST	680.61	100.99	781.60	1697.12	252.68	1949.80
	KEWAUNEE	STANDARD PLAN: BALANCE OF STATE-PPP	680.61	278.89	959.50	1697.12	697.78	2394.90
	LACROSSE							
	LACROSSE	GUNDERSEN LUTHERAN HEALTH PLAN	757.89	28.81	786.70	1890.32	72.28	1962.60
	LACROSSE	HEALTH TRADITION HEALTH PLAN	721.80	0.00	721.80	1800.30	0.00	1800.30
	LACROSSE	STANDARD PLAN: DANE-PPP	757.89	133.31	891.20	1890.32	333.88	2224.20
	LAFAYETTE							
	LAFAYETTE	DEAN HEALTH PLAN	575.30	0.00	575.30	1434.10	0.00	1434.10
	LAFAYETTE	MEDICAL ASSOCIATES HEALTH PLAN	588.95	69.45	658.40	1468.01	173.79	1641.80
	LAFAYETTE	PHYSICIANS PLUS	560.90	0.00	560.90	1398.10	0.00	1398.10
	LAFAYETTE	STANDARD PLAN: BALANCE OF STATE-PPP	588.95	370.55	959.50	1468.01	926.89	2394.90
	LANGLADE							
	LANGLADE	ARISE HEALTH PLAN	861.90	0.00	861.90	2150.60	0.00	2150.60
	LANGLADE	SECURITY HEALTH PLAN	905.00	71.40	976.40	2258.13	178.67	2436.80
	LANGLADE	STANDARD PLAN: BALANCE OF STATE-PPP	905.00	54.50	959.50	2258.13	136.77	2394.90
	LINCOLN							
*	LINCOLN	ARISE HEALTH PLAN	861.90	0.00	861.90	2150.60	0.00	2150.60
	LINCOLN	SECURITY HEALTH PLAN	976.40	0.00	976.40	2436.80	0.00	2436.80
	LINCOLN	STANDARD PLAN: BALANCE OF STATE-PPP	959.50	0.00	959.50	2394.90	0.00	2394.90
	MANITOWOC							
	MANITOWOC	ANTHEM BLUE NORTHEAST	680.61	251.79	932.40	1697.12	629.68	2326.80
	MANITOWOC	ARISE HEALTH PLAN	680.61	181.29	861.90	1697.12	453.48	2150.60
	MANITOWOC	HUMANA EASTERN	680.61	411.19	1091.80	1697.12	1028.18	2725.30
	MANITOWOC	NETWORK HEALTH PLAN	648.20	0.00	648.20	1616.30	0.00	1616.30
	MANITOWOC	UNITEDHEALTHCARE NE	680.61	58.79	739.40	1697.12	147.18	1844.30
	MANITOWOC	WEA TRUST EAST	680.61	100.99	781.60	1697.12	252.68	1949.80
	MANITOWOC	STANDARD PLAN: BALANCE OF STATE-PPP	680.61	278.89	959.50	1697.12	697.78	2394.90
	MARATHON							
	MARATHON	ARISE HEALTH PLAN	820.68	41.22	861.90	2047.29	103.31	2150.60
	MARATHON	SECURITY HEALTH PLAN	820.68	155.72	976.40	2047.29	389.51	2436.80
	MARATHON	WEA TRUST EAST	781.60	0.00	781.60	1949.80	0.00	1949.80
	MARATHON	STANDARD PLAN: BALANCE OF STATE-PPP	820.68	138.82	959.50	2047.29	347.61	2394.90

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Provides employer share amount that is 105% of the lowest premium cost of the qualified Tier 1 health plans within the county.

			Single Coverage			Family Coverage		
			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	MARINETTE							
	MARINETTE	ANTHEM BLUE NORTHEAST	776.37	156.03	932.40	1936.52	390.28	2326.80
	MARINETTE	ARISE HEALTH PLAN	776.37	85.53	861.90	1936.52	214.08	2150.60
	MARINETTE	HUMANA EASTERN	776.37	315.43	1091.80	1936.52	788.78	2725.30
	MARINETTE	UNITEDHEALTHCARE NE	739.40	0.00	739.40	1844.30	0.00	1844.30
	MARINETTE	WEA TRUST EAST	776.37	5.23	781.60	1936.52	13.28	1949.80
	MARINETTE	STANDARD PLAN: BALANCE OF STATE-PPP	776.37	183.13	959.50	1936.52	458.38	2394.90
	MARQUETTE							
*	MARQUETTE	NETWORK HEALTH PLAN	588.95	59.25	648.20	1468.01	148.29	1616.30
	MARQUETTE	PHYSICIANS PLUS	560.90	0.00	560.90	1398.10	0.00	1398.10
*	MARQUETTE	UNITEDHEALTHCARE NE	588.95	150.45	739.40	1468.01	376.29	1844.30
*	MARQUETTE	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
*	MARQUETTE	WEA TRUST EAST	588.95	192.65	781.60	1468.01	481.79	1949.80
	MARQUETTE	STANDARD PLAN: BALANCE OF STATE-PPP	588.95	370.55	959.50	1468.01	926.89	2394.90
	MENOMINEE							
	MENOMINEE	STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
	MENOMINEE	STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90
	MILWAUKEE							
	MILWAUKEE	ANTHEM BLUE SOUTHEAST	814.38	224.92	1039.30	2031.54	562.56	2594.10
	MILWAUKEE	HUMANA EASTERN	814.38	277.42	1091.80	2031.54	693.76	2725.30
	MILWAUKEE	UNITEDHEALTHCARE SE	775.60	0.00	775.60	1934.80	0.00	1934.80
	MILWAUKEE	WEA TRUST EAST	781.60	0.00	781.60	1949.80	0.00	1949.80
	MILWAUKEE	WPS METRO CHOICE	814.38	245.32	1059.70	2031.54	613.56	2645.10
	MILWAUKEE	STANDARD PLAN: MILWAUKEE-PPP	814.38	222.62	1037.00	2031.54	557.16	2588.70
	MONROE							
	MONROE	GUNDERSEN LUTHERAN HEALTH PLAN	757.89	28.81	786.70	1890.32	72.28	1962.60
	MONROE	HEALTH TRADITION HEALTH PLAN	721.80	0.00	721.80	1800.30	0.00	1800.30
	MONROE	STANDARD PLAN: BALANCE OF STATE-PPP	757.89	201.61	959.50	1890.32	504.58	2394.90
	OCONTO							
	OCONTO	ANTHEM BLUE NORTHEAST	680.61	251.79	932.40	1697.12	629.68	2326.80
	OCONTO	ARISE HEALTH PLAN	680.61	181.29	861.90	1697.12	453.48	2150.60
*	OCONTO	HUMANA EASTERN	680.61	411.19	1091.80	1697.12	1028.18	2725.30
	OCONTO	NETWORK HEALTH PLAN	648.20	0.00	648.20	1616.30	0.00	1616.30
*	OCONTO	UNITEDHEALTHCARE NE	680.61	58.79	739.40	1697.12	147.18	1844.30
	OCONTO	WEA TRUST EAST	680.61	100.99	781.60	1697.12	252.68	1949.80
	OCONTO	STANDARD PLAN: BALANCE OF STATE-PPP	680.61	278.89	959.50	1697.12	697.78	2394.90
	ONEIDA							
*	ONEIDA	ARISE HEALTH PLAN	861.90	0.00	861.90	2150.60	0.00	2150.60
	ONEIDA	SECURITY HEALTH PLAN	976.40	0.00	976.40	2436.80	0.00	2436.80
	ONEIDA	STANDARD PLAN: BALANCE OF STATE-PPP	959.50	0.00	959.50	2394.90	0.00	2394.90
	OUTAGAMIE							
	OUTAGAMIE	ANTHEM BLUE NORTHEAST	680.61	251.79	932.40	1697.12	629.68	2326.80
	OUTAGAMIE	ARISE HEALTH PLAN	680.61	181.29	861.90	1697.12	453.48	2150.60
	OUTAGAMIE	HUMANA EASTERN	680.61	411.19	1091.80	1697.12	1028.18	2725.30
	OUTAGAMIE	NETWORK HEALTH PLAN	648.20	0.00	648.20	1616.30	0.00	1616.30
	OUTAGAMIE	UNITEDHEALTHCARE NE	680.61	58.79	739.40	1697.12	147.18	1844.30
	OUTAGAMIE	WEA TRUST EAST	680.61	100.99	781.60	1697.12	252.68	1949.80
	OUTAGAMIE	STANDARD PLAN: BALANCE OF STATE-PPP	680.61	278.89	959.50	1697.12	697.78	2394.90
	OZAUKEE							
	OZAUKEE	ANTHEM BLUE SOUTHEAST	814.38	224.92	1039.30	2031.54	562.56	2594.10
	OZAUKEE	HUMANA EASTERN	814.38	277.42	1091.80	2031.54	693.76	2725.30
	OZAUKEE	UNITEDHEALTHCARE SE	775.60	0.00	775.60	1934.80	0.00	1934.80
	OZAUKEE	WEA TRUST EAST	781.60	0.00	781.60	1949.80	0.00	1949.80
	OZAUKEE	WPS METRO CHOICE	814.38	245.32	1059.70	2031.54	613.56	2645.10
	OZAUKEE	STANDARD PLAN: WAUKESHA-PPP	814.38	145.12	959.50	2031.54	363.36	2394.90
	PEPIN							
*	PEPIN	HUMANA WESTERN	748.55	343.25	1091.80	1867.53	857.77	2725.30
*	PEPIN	SECURITY HEALTH PLAN	748.55	227.85	976.40	1867.53	569.27	2436.80
*	PEPIN	WEA TRUST NORTHWEST	748.55	69.85	818.40	1867.53	174.27	2041.80
	PEPIN	STATE MAINTENANCE PLAN (SMP)	712.90	0.00	712.90	1778.60	0.00	1778.60
	PEPIN	STANDARD PLAN: BALANCE OF STATE-PPP	748.55	210.95	959.50	1867.53	527.37	2394.90

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			Single Coverage			Family Coverage		
			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	PIERCE							
	PIERCE	ANTHEM BLUE NORTHWEST	859.32	216.98	1076.30	2143.89	542.71	2686.60
	PIERCE	HEALTHPARTNERS	859.32	3.88	863.20	2143.89	9.91	2153.80
*	PIERCE	HUMANA WESTERN	859.32	232.48	1091.80	2143.89	581.41	2725.30
	PIERCE	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	PIERCE	STANDARD PLAN: BALANCE OF STATE-PPP	859.32	100.18	959.50	2143.89	251.01	2394.90
	POLK							
	POLK	ANTHEM BLUE NORTHWEST	859.32	216.98	1076.30	2143.89	542.71	2686.60
	POLK	HEALTHPARTNERS	859.32	3.88	863.20	2143.89	9.91	2153.80
*	POLK	HUMANA WESTERN	859.32	232.48	1091.80	2143.89	581.41	2725.30
	POLK	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	POLK	STANDARD PLAN: DANE-PPP	859.32	31.88	891.20	2143.89	80.31	2224.20
	PORTAGE							
*	PORTAGE	ARISE HEALTH PLAN	820.68	41.22	861.90	2047.29	103.31	2150.60
	PORTAGE	SECURITY HEALTH PLAN	820.68	155.72	976.40	2047.29	389.51	2436.80
	PORTAGE	WEA TRUST EAST	781.60	0.00	781.60	1949.80	0.00	1949.80
	PORTAGE	STANDARD PLAN: BALANCE OF STATE-PPP	820.68	138.82	959.50	2047.29	347.61	2394.90
	PRICE							
	PRICE	SECURITY HEALTH PLAN	976.40	0.00	976.40	2436.80	0.00	2436.80
	PRICE	STANDARD PLAN: BALANCE OF STATE-PPP	959.50	0.00	959.50	2394.90	0.00	2394.90
	RACINE							
	RACINE	ANTHEM BLUE SOUTHEAST	814.38	224.92	1039.30	2031.54	562.56	2594.10
	RACINE	HUMANA EASTERN	814.38	277.42	1091.80	2031.54	693.76	2725.30
	RACINE	UNITEDHEALTHCARE SE	775.60	0.00	775.60	1934.80	0.00	1934.80
	RACINE	WEA TRUST EAST	781.60	0.00	781.60	1949.80	0.00	1949.80
	RACINE	WPS METRO CHOICE	814.38	245.32	1059.70	2031.54	613.56	2645.10
	RACINE	STANDARD PLAN: WAUKESHA-PPP	814.38	145.12	959.50	2031.54	363.36	2394.90
	RICHLAND							
	RICHLAND	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	RICHLAND	GUNDERSEN LUTHERAN HEALTH PLAN	524.37	262.33	786.70	1306.52	656.08	1962.60
	RICHLAND	HEALTH TRADITION HEALTH PLAN	524.37	197.43	721.80	1306.52	493.78	1800.30
	RICHLAND	PHYSICIANS PLUS	524.37	36.53	560.90	1306.52	91.58	1398.10
	RICHLAND	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	RICHLAND	STANDARD PLAN: BALANCE OF STATE-PPP	524.37	435.13	959.50	1306.52	1088.38	2394.90
	ROCK							
	ROCK	ANTHEM BLUE SOUTHEAST	524.37	514.93	1039.30	1306.52	1287.58	2594.10
	ROCK	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	ROCK	HUMANA EASTERN	524.37	567.43	1091.80	1306.52	1418.78	2725.30
	ROCK	MERCYCARE HEALTH PLAN	524.37	19.53	543.90	1306.52	49.08	1355.60
*	ROCK	PHYSICIANS PLUS	524.37	36.53	560.90	1306.52	91.58	1398.10
	ROCK	UNITEDHEALTHCARE SE	524.37	251.23	775.60	1306.52	628.28	1934.80
	ROCK	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	ROCK	WEA TRUST EAST	524.37	257.23	781.60	1306.52	643.28	1949.80
	ROCK	STANDARD PLAN: BALANCE OF STATE-PPP	524.37	435.13	959.50	1306.52	1088.38	2394.90
	RUSK							
	RUSK	SECURITY HEALTH PLAN	859.32	117.08	976.40	2143.89	292.91	2436.80
	RUSK	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	RUSK	STANDARD PLAN: BALANCE OF STATE-PPP	859.32	100.18	959.50	2143.89	251.01	2394.90
	SAUK							
	SAUK	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	SAUK	GUNDERSEN LUTHERAN HEALTH PLAN	524.37	262.33	786.70	1306.52	656.08	1962.60
	SAUK	HEALTH TRADITION HEALTH PLAN	524.37	197.43	721.80	1306.52	493.78	1800.30
	SAUK	PHYSICIANS PLUS	524.37	36.53	560.90	1306.52	91.58	1398.10
	SAUK	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	SAUK	STANDARD PLAN: BALANCE OF STATE-PPP	524.37	435.13	959.50	1306.52	1088.38	2394.90
	SAWYER							
	SAWYER	GHC OF EAU CLAIRE	859.32	116.58	975.90	2143.89	291.71	2435.60
	SAWYER	SECURITY HEALTH PLAN	859.32	117.08	976.40	2143.89	292.91	2436.80
	SAWYER	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	SAWYER	STANDARD PLAN: BALANCE OF STATE-PPP	859.32	100.18	959.50	2143.89	251.01	2394.90

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			Single Coverage			Family Coverage		
			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	SHAWANO							
	SHAWANO	ANTHEM BLUE NORTHEAST	776.37	156.03	932.40	1936.52	390.28	2326.80
	SHAWANO	ARISE HEALTH PLAN	776.37	85.53	861.90	1936.52	214.08	2150.60
	SHAWANO	HUMANA EASTERN	776.37	315.43	1091.80	1936.52	788.78	2725.30
	SHAWANO	UNITEDHEALTHCARE NE	739.40	0.00	739.40	1844.30	0.00	1844.30
	SHAWANO	WEA TRUST EAST	776.37	5.23	781.60	1936.52	13.28	1949.80
	SHAWANO	STANDARD PLAN: BALANCE OF STATE-PPP	776.37	183.13	959.50	1936.52	458.38	2394.90
	SHEBOYGAN							
	SHEBOYGAN	ANTHEM BLUE NORTHEAST	680.61	251.79	932.40	1697.12	629.68	2326.80
	SHEBOYGAN	ARISE HEALTH PLAN	680.61	181.29	861.90	1697.12	453.48	2150.60
	SHEBOYGAN	HUMANA EASTERN	680.61	411.19	1091.80	1697.12	1028.18	2725.30
	SHEBOYGAN	NETWORK HEALTH PLAN	648.20	0.00	648.20	1616.30	0.00	1616.30
	SHEBOYGAN	UNITEDHEALTHCARE NE	680.61	58.79	739.40	1697.12	147.18	1844.30
	SHEBOYGAN	WEA TRUST EAST	680.61	100.99	781.60	1697.12	252.68	1949.80
	SHEBOYGAN	STANDARD PLAN: BALANCE OF STATE-PPP	680.61	278.89	959.50	1697.12	697.78	2394.90
	ST. CROIX							
	ST. CROIX	ANTHEM BLUE NORTHWEST	859.32	216.98	1076.30	2143.89	542.71	2686.60
	ST. CROIX	HEALTHPARTNERS	859.32	3.88	863.20	2143.89	9.91	2153.80
	ST. CROIX	HUMANA WESTERN	859.32	232.48	1091.80	2143.89	581.41	2725.30
	ST. CROIX	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	ST. CROIX	STANDARD PLAN: DANE-PPP	859.32	31.88	891.20	2143.89	80.31	2224.20
	TAYLOR							
	TAYLOR	ARISE HEALTH PLAN	861.90	0.00	861.90	2150.60	0.00	2150.60
	TAYLOR	SECURITY HEALTH PLAN	905.00	71.40	976.40	2258.13	178.67	2436.80
	TAYLOR	STANDARD PLAN: BALANCE OF STATE-PPP	905.00	54.50	959.50	2258.13	136.77	2394.90
	TREMPEALEAU							
	TREMPEALEAU	GUNDERSEN LUTHERAN HEALTH PLAN	786.70	0.00	786.70	1962.60	0.00	1962.60
*	TREMPEALEAU	HEALTH TRADITION HEALTH PLAN	721.80	0.00	721.80	1800.30	0.00	1800.30
	TREMPEALEAU	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	TREMPEALEAU	STANDARD PLAN: BALANCE OF STATE-PPP	826.04	133.46	959.50	2060.73	334.17	2394.90
	VERNON							
*	VERNON	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	VERNON	GUNDERSEN LUTHERAN HEALTH PLAN	524.37	262.33	786.70	1306.52	656.08	1962.60
	VERNON	HEALTH TRADITION HEALTH PLAN	524.37	197.43	721.80	1306.52	493.78	1800.30
*	VERNON	SECURITY HEALTH PLAN	524.37	452.03	976.40	1306.52	1130.28	2436.80
	VERNON	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	VERNON	STANDARD PLAN: BALANCE OF STATE-PPP	524.37	435.13	959.50	1306.52	1088.38	2394.90
	VILAS							
*	VILAS	ARISE HEALTH PLAN	861.90	0.00	861.90	2150.60	0.00	2150.60
	VILAS	SECURITY HEALTH PLAN	976.40	0.00	976.40	2436.80	0.00	2436.80
	VILAS	STANDARD PLAN: BALANCE OF STATE-PPP	959.50	0.00	959.50	2394.90	0.00	2394.90
	WALWORTH							
	WALWORTH	ANTHEM BLUE SOUTHEAST	524.37	514.93	1039.30	1306.52	1287.58	2594.10
*	WALWORTH	DEAN HEALTH PLAN	524.37	50.93	575.30	1306.52	127.58	1434.10
	WALWORTH	HUMANA EASTERN	524.37	567.43	1091.80	1306.52	1418.78	2725.30
	WALWORTH	MERCYCARE HEALTH PLAN	524.37	19.53	543.90	1306.52	49.08	1355.60
	WALWORTH	UNITEDHEALTHCARE SE	524.37	251.23	775.60	1306.52	628.28	1934.80
	WALWORTH	UNITY COMMUNITY	499.40	0.00	499.40	1244.30	0.00	1244.30
	WALWORTH	WEA TRUST EAST	524.37	257.23	781.60	1306.52	643.28	1949.80
	WALWORTH	STANDARD PLAN: BALANCE OF STATE-PPP	524.37	435.13	959.50	1306.52	1088.38	2394.90
	WASHBURN							
	WASHBURN	ANTHEM BLUE NORTHWEST	859.32	216.98	1076.30	2143.89	542.71	2686.60
	WASHBURN	GHC OF EAU CLAIRE	859.32	116.58	975.90	2143.89	291.71	2435.60
*	WASHBURN	GUNDERSEN LUTHERAN HEALTH PLAN	786.70	0.00	786.70	1962.60	0.00	1962.60
	WASHBURN	SECURITY HEALTH PLAN	859.32	117.08	976.40	2143.89	292.91	2436.80
	WASHBURN	WEA TRUST NORTHWEST	818.40	0.00	818.40	2041.80	0.00	2041.80
	WASHBURN	STANDARD PLAN: BALANCE OF STATE-PPP	859.32	100.18	959.50	2143.89	251.01	2394.90

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Effective January 1, 2012
Traditional HMO - Standard PPP (P03)

Provides employer share amount that is 105% of the lowest premium cost of the qualified Tier 1 health plans within the county.

			Single Coverage			Family Coverage		
			Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WASHINGTON								
	WASHINGTON	ANTHEM BLUE SOUTHEAST	814.38	224.92	1039.30	2031.54	562.56	2594.10
	WASHINGTON	HUMANA EASTERN	814.38	277.42	1091.80	2031.54	693.76	2725.30
	WASHINGTON	UNITEDHEALTHCARE SE	775.60	0.00	775.60	1934.80	0.00	1934.80
	WASHINGTON	WEA TRUST EAST	781.60	0.00	781.60	1949.80	0.00	1949.80
	WASHINGTON	WPS METRO CHOICE	814.38	245.32	1059.70	2031.54	613.56	2645.10
	WASHINGTON	STANDARD PLAN: WAUKESHA-PPP	814.38	145.12	959.50	2031.54	363.36	2394.90
WAUKESHA								
	WAUKESHA	ANTHEM BLUE SOUTHEAST	814.38	224.92	1039.30	2031.54	562.56	2594.10
*	WAUKESHA	DEAN HEALTH PLAN	575.30	0.00	575.30	1434.10	0.00	1434.10
	WAUKESHA	HUMANA EASTERN	814.38	277.42	1091.80	2031.54	693.76	2725.30
	WAUKESHA	UNITEDHEALTHCARE SE	775.60	0.00	775.60	1934.80	0.00	1934.80
	WAUKESHA	WEA TRUST EAST	781.60	0.00	781.60	1949.80	0.00	1949.80
	WAUKESHA	WPS METRO CHOICE	814.38	245.32	1059.70	2031.54	613.56	2645.10
	WAUKESHA	STANDARD PLAN: WAUKESHA-PPP	814.38	145.12	959.50	2031.54	363.36	2394.90
WAUPACA								
	WAUPACA	ANTHEM BLUE NORTHEAST	680.61	251.79	932.40	1697.12	629.68	2326.80
	WAUPACA	ARISE HEALTH PLAN	680.61	181.29	861.90	1697.12	453.48	2150.60
	WAUPACA	HUMANA EASTERN	680.61	411.19	1091.80	1697.12	1028.18	2725.30
	WAUPACA	NETWORK HEALTH PLAN	648.20	0.00	648.20	1616.30	0.00	1616.30
	WAUPACA	SECURITY HEALTH PLAN	680.61	295.79	976.40	1697.12	739.68	2436.80
*	WAUPACA	UNITEDHEALTHCARE NE	680.61	58.79	739.40	1697.12	147.18	1844.30
	WAUPACA	WEA TRUST EAST	680.61	100.99	781.60	1697.12	252.68	1949.80
	WAUPACA	STANDARD PLAN: BALANCE OF STATE-PPP	680.61	278.89	959.50	1697.12	697.78	2394.90
WAUSHARA								
	WAUSHARA	ANTHEM BLUE NORTHEAST	588.95	343.45	932.40	1468.01	858.79	2326.80
	WAUSHARA	HUMANA EASTERN	588.95	502.85	1091.80	1468.01	1257.29	2725.30
	WAUSHARA	NETWORK HEALTH PLAN	588.95	59.25	648.20	1468.01	148.29	1616.30
	WAUSHARA	PHYSICIANS PLUS	560.90	0.00	560.90	1398.10	0.00	1398.10
	WAUSHARA	SECURITY HEALTH PLAN	588.95	387.45	976.40	1468.01	968.79	2436.80
*	WAUSHARA	UNITEDHEALTHCARE NE	588.95	150.45	739.40	1468.01	376.29	1844.30
	WAUSHARA	WEA TRUST EAST	588.95	192.65	781.60	1468.01	481.79	1949.80
	WAUSHARA	STANDARD PLAN: BALANCE OF STATE-PPP	588.95	370.55	959.50	1468.01	926.89	2394.90
WINNEBAGO								
	WINNEBAGO	ANTHEM BLUE NORTHEAST	680.61	251.79	932.40	1697.12	629.68	2326.80
*	WINNEBAGO	ARISE HEALTH PLAN	680.61	181.29	861.90	1697.12	453.48	2150.60
	WINNEBAGO	HUMANA EASTERN	680.61	411.19	1091.80	1697.12	1028.18	2725.30
	WINNEBAGO	NETWORK HEALTH PLAN	648.20	0.00	648.20	1616.30	0.00	1616.30
	WINNEBAGO	UNITEDHEALTHCARE NE	680.61	58.79	739.40	1697.12	147.18	1844.30
	WINNEBAGO	WEA TRUST EAST	680.61	100.99	781.60	1697.12	252.68	1949.80
	WINNEBAGO	STANDARD PLAN: BALANCE OF STATE-PPP	680.61	278.89	959.50	1697.12	697.78	2394.90
WOOD								
	WOOD	ARISE HEALTH PLAN	820.68	41.22	861.90	2047.29	103.31	2150.60
	WOOD	SECURITY HEALTH PLAN	820.68	155.72	976.40	2047.29	389.51	2436.80
	WOOD	WEA TRUST EAST	781.60	0.00	781.60	1949.80	0.00	1949.80
	WOOD	STANDARD PLAN: BALANCE OF STATE-PPP	820.68	138.82	959.50	2047.29	347.61	2394.90