

**DEDUCTIBLE HMO - DEDUCTIBLE STANDARD PLAN (P04)**

2012 MONTHLY LOCAL EMPLOYER GROUP HEALTH INSURANCE RATES	NON-MEDICARE RATES <i>RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE</i>		MEDICARE RATES <i>RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE</i>		
	SINGLE	FAMILY	SINGLE MEDICARE	FAMILY MEDICARE - 1*	FAMILY MEDICARE - 2**
ANTHEM BLUE NORTHEAST	830.20	2,071.30	532.30	1,359.70	1,061.80
ANTHEM BLUE NORTHWEST	956.80	2,387.80	595.60	1,549.60	1,188.40
ANTHEM BLUE SOUTHEAST	924.30	2,306.60	579.40	1,500.90	1,156.00
ARISE HEALTH PLAN	807.20	2,013.80	520.80	1,325.20	1,038.80
DEAN HEALTH PLAN	521.20	1,298.80	372.50	890.90	742.20
GHC OF EAU CLAIRE	895.30	2,234.10	487.50	1,380.00	972.20
GHC OF SOUTH CENTRAL WISCONSIN	535.40	1,334.30	384.90	917.50	767.00
GUNDERSEN LUTHERAN HEALTH PLAN	737.20	1,838.80	375.50	1,109.90	748.20
HEALTH TRADITION HEALTH PLAN	677.00	1,688.30	453.70	1,127.90	904.60
HEALTHPARTNERS	808.40	2,016.80	502.10	1,307.70	1,001.40
HUMANA EASTERN	1,004.30	2,506.60	316.10	1,317.60	629.40
HUMANA WESTERN	1,004.30	2,506.60	316.10	1,317.60	629.40
MEDICAL ASSOCIATES HEALTH PLAN	590.00	1,470.80	336.50	923.70	670.20
MERCYCARE HEALTH PLAN	502.20	1,251.30	351.50	850.90	700.20
NETWORK HEALTH PLAN	580.00	1,445.80	407.20	984.40	811.60
PHYSICIANS PLUS	513.00	1,278.30	351.80	862.00	700.80
SECURITY HEALTH PLAN	886.80	2,212.80	478.20	1,362.20	953.60
STANDARD PLAN: BALANCE OF STATE	979.20	2,444.10	344.40	1,323.60	686.00
STANDARD PLAN: DANE	909.20	2,269.10	344.40	1,253.60	686.00
STANDARD PLAN: MILWAUKEE	1,059.00	2,643.50	344.40	1,403.40	686.00
STANDARD PLAN: WAUKESHA	979.20	2,444.10	344.40	1,323.60	686.00
STATE MAINTENANCE PLAN (SMP)	651.90	1,626.00	NA	NA	NA
UNITEDHEALTHCARE NE	673.00	1,678.30	453.70	1,123.90	904.60
UNITEDHEALTHCARE SE	702.70	1,752.60	468.60	1,168.50	934.40
UNITY COMMUNITY	470.10	1,171.10	325.00	792.30	647.20
UNITY UW HEALTH	470.60	1,172.30	325.20	793.00	647.60
WEA TRUST EAST	725.50	1,809.60	479.90	1,202.60	957.00
WEA TRUST NORTHWEST	759.40	1,894.30	496.90	1,253.50	991.00
WPS METRO CHOICE	991.20	2,473.80	612.80	1,601.20	1,222.80

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

THE STANDARD PLAN AREAS INCLUDES THE FOLLOWING:

<sup>1</sup>DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix

<sup>2</sup>MILWAUKEE: Milwaukee county & retirees and continuants living out of state

<sup>3</sup>WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha

<sup>4</sup>BALANCE OF STATE: All other Wisconsin counties

N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.

\* Medicare Family 2=Two or more family members enrolled in Medicare Parts A, B, & D.

\*\*Medicare Family 1=One family member enrolled in Medicare Parts A, B, & D.

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