GROUP HEALTH INSURANCE 2002 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES

		SINGLE			FAMILY		
	PLAN BY COUNTY	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
	ADAMS						
	UNITY-COMMUNITY	176.98	160.12	337.10	436.38	394.82	831.20
	STANDARD PLAN	176.98	528.72	705.70	436.38	1289.82	1726.20
*	STANDARD PLAN 2	176.98	251.62	428.60	436.38	596.92	1033.30
	ASHLAND						
*	ATRIUM HEALTH PLAN	178.66	171.24	349.90	440.58	422.62	863.20
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
*	HUMANA-WESTERN	178.66	188.94	367.60	440.58	466.92	907.50
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	BARRON						
	ATRIUM HEALTH PLAN	183.70	166.20	349.90	453.18	410.02	863.20
	GHC-EAU CLAIRE	183.70	182.00	365.70	453.18	449.52	902.70
*	HUMANA-WESTERN	183.70	183.90	367.60	453.18	454.32	907.50
	SECURITY HEALTH PLAN	183.70	236.70	420.40	453.18	586.22	1039.40
	VALLEY HEALTH PLAN	183.70	193.00	376.70	453.18	477.02	930.20
	STANDARD PLAN	183.70	522.00	705.70	453.18	1273.02	1726.20
*	STANDARD PLAN 2	183.70	244.90	428.60	453.18	580.12	1033.30
	BAYFIELD						
*	ATRIUM HEALTH PLAN	317.57	32.33	349.90	776.79	86.41	863.20
*	HUMANA-WESTERN	317.57	50.03	367.60	776.79	130.71	907.50
*	STATE MAINTENANCE PLAN	317.57	317.53	635.10	776.79	776.71	1553.50
	STANDARD PLAN	317.57	388.13	705.70	776.79	949.41	1726.20
*	STANDARD PLAN 2	317.57	111.03	428.60	776.79	256.51	1033.30
	BROWN						
	COMPCAREBLUE NORTHEAST	166.74	150.86	317.60	410.81	371.69	782.50
	PREVEA HEALTH PLAN	166.74	230.86	397.60	410.81	571.69	982.50
	TOUCHPOINT HEALTH PLAN	166.74	154.56	321.30	410.81	380.89	791.70
	STANDARD PLAN	166.74	538.96	705.70	410.81	1315.39	1726.20
*	STANDARD PLAN 2	166.74	261.86	428.60	410.81	622.49	1033.30
	BUFFALO						
*	HEALTH TRADITION	317.57	27.03	344.60	776.79	73.11	849.90
*	HUMANA-WESTERN	317.57	50.03	367.60	776.79	130.71	907.50
*	VALLEY HEALTH PLAN	317.57	59.13	376.70	776.79	153.41	930.20
*	STATE MAINTENANCE PLAN	317.57	317.53	635.10	776.79	776.71	1553.50
	STANDARD PLAN	317.57	388.13	705.70	776.79	949.41	1726.20
*	STANDARD PLAN 2	317.57	111.03	428.60	776.79	256.51	1033.30
	BURNETT						
	ATRIUM HEALTH PLAN	183.70	166.20	349.90	453.18	410.02	863.20
*	COMPCAREBLUE NORTH	183.70	156.60	340.30	453.18	386.02	839.20
*	HUMANA-WESTERN	183.70	183.90	367.60	453.18	454.32	907.50
	STANDARD PLAN	183.70	522.00	705.70	453.18	1273.02	1726.20
*	STANDARD PLAN 2	183.70	244.90	428.60	453.18	580.12	1033.30

* Plan's monthly premium not used to calculate the "State Pays" amount due to limited provider availiability. Standard Plan 2 and SMP premium are not used in any county "State Pays" calculation.

GROUP HEALTH INSURANCE 2002 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES

		SINGLE			FAMILY		
	PLAN BY COUNTY	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
	CALUMET						
*	HUMANA-EASTERN	162.54	162.76	325.30	400.31	401.39	801.70
	NETWORK-FOX VALLEY	162.54	147.06	309.60	400.31	362.19	762.50
	TOUCHPOINT HEALTH PLAN	162.54	158.76	321.30	400.31	391.39	791.70
	STANDARD PLAN	162.54	543.16	705.70	400.31	1325.89	1726.20
*	STANDARD PLAN 2	162.54	266.06	428.60	400.31	632.99	1033.30
	CHIPPEWA						
	ATRIUM HEALTH PLAN	183.70	166.20	349.90	453.18	410.02	863.20
	GHC-EAU CLAIRE	183.70	182.00	365.70	453.18	449.52	902.70
*	HUMANA-WESTERN	183.70	183.90	367.60	453.18	454.32	907.50
	SECURITY HEALTH PLAN	183.70	236.70	420.40	453.18	586.22	1039.40
	VALLEY HEALTH PLAN	183.70	193.00	376.70	453.18	477.02	930.20
	STANDARD PLAN	183.70	522.00	705.70	453.18	1273.02	1726.20
*	STANDARD PLAN 2	183.70	244.90	428.60	453.18	580.12	1033.30
	CLARK						
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
*	GHC-EAU CLAIRE	178.66	187.04	365.70	440.58	462.12	902.70
	SECURITY HEALTH PLAN	178.66	241.74	420.40	440.58	598.82	1039.40
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	COLUMBIA						
	DEAN HEALTH PLAN	168.26	152.24	320.50	414.59	375.11	789.70
*	PHYSICIANS PLUS - SC	168.26	154.44	322.70	414.59	380.61	795.20
	UNITY-COMMUNITY	168.26	168.84	337.10	414.59	416.61	831.20
	STANDARD PLAN	168.26	537.44	705.70	414.59	1311.61	1726.20
*	STANDARD PLAN 2	168.26	260.34	428.60	414.59	618.71	1033.30
	CRAWFORD						
	GUNDERSEN LUTHERAN	164.54	184.66	349.20	405.25	456.25	861.50
	HEALTH TRADITION	164.54	180.06	344.60	405.25	444.65	849.90
	MEDICAL ASSOCIATES HMO	164.54	148.86	313.40	405.25	366.65	771.90
*	UNITY-COMMUNITY	164.54	172.56	337.10	405.25	425.95	831.20
	STANDARD PLAN	164.54	541.16	705.70	405.25	1320.95	1726.20
*	STANDARD PLAN 2	164.54	264.06	428.60	405.25	628.05	1033.30
	DANE						
	DEAN HEALTH PLAN	160.55	159.95	320.50	395.33	394.37	789.70
	GHC-SOUTH CENTRAL	160.55	145.25	305.80	395.33	357.67	753.00
	PHYSICIANS PLUS - SC	160.55	162.15	322.70	395.33	399.87	795.20
	UNITY-UW HEALTH	160.55	168.35	328.90	395.33	415.37	810.70
	STANDARD PLAN	160.55	545.15	705.70	395.33	1330.87	1726.20
*	STANDARD PLAN 2	160.55	268.05	428.60	395.33	637.97	1033.30

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GROUP HEALTH INSURANCE 2002 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES

		SINGLE			FAMILY		
	PLAN BY COUNTY	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
	DODGE						
	COMPCAREBLUE NORTHEAST	166.74	150.86	317.60	410.81	371.69	782.50
	DEAN HEALTH PLAN	166.74	153.76	320.50	410.81	378.89	789.70
*	HUMANA-EASTERN	166.74	158.56	325.30	410.81	390.89	801.70
*	NETWORK-FOX VALLEY	166.74	142.86	309.60	410.81	351.69	762.50
*	UNITY-COMMUNITY	166.74	170.36	337.10	410.81	420.39	831.20
	STANDARD PLAN	166.74	538.96	705.70	410.81	1315.39	1726.20
*	STANDARD PLAN 2	166.74	261.86	428.60	410.81	622.49	1033.30
	DOOR						
	PREVEA HEALTH PLAN	168.68	228.92	397.60	415.64	566.86	982.50
	TOUCHPOINT HEALTH PLAN	168.68	152.62	321.30	415.64	376.06	791.70
	STANDARD PLAN	168.68	537.02	705.70	415.64	1310.56	1726.20
*	STANDARD PLAN 2	168.68	259.92	428.60	415.64	617.66	1033.30
	DOUGLAS						
	ATRIUM HEALTH PLAN	178.66	171.24	349.90	440.58	422.62	863.20
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
*	HUMANA-WESTERN	178.66	188.94	367.60	440.58	466.92	907.50
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	DUNN						
*	GHC-EAU CLAIRE	192.99	172.71	365.70	476.44	426.26	902.70
	HUMANA-WESTERN	192.99	174.61	367.60	476.44	431.06	907.50
*	SECURITY HEALTH PLAN	192.99	227.41	420.40	476.44	562.96	1039.40
	VALLEY HEALTH PLAN	192.99	183.71	376.70	476.44	453.76	930.20
	STANDARD PLAN	192.99	512.71	705.70	476.44	1249.76	1726.20
*	STANDARD PLAN 2	192.99	235.61	428.60	476.44	556.86	1033.30
	EAU CLAIRE						
*	ATRIUM HEALTH PLAN	191.99	157.91	349.90	473.92	389.28	863.20
	GHC-EAU CLAIRE	191.99	173.71	365.70	473.92	428.78	902.70
	HUMANA-WESTERN	191.99	175.61	367.60	473.92	433.58	907.50
	SECURITY HEALTH PLAN	191.99	228.41	420.40	473.92	565.48	1039.40
	VALLEY HEALTH PLAN	191.99	184.71	376.70	473.92	456.28	930.20
	STANDARD PLAN	191.99	513.71	705.70	473.92	1252.28	1726.20
*	STANDARD PLAN 2	191.99	236.61	428.60	473.92	559.38	1033.30
	FLORENCE						
*	STATE MAINTENANCE PLAN	317.57	317.53	635.10	776.79	776.71	1553.50
	STANDARD PLAN	317.57	388.13	705.70	776.79	949.41	1726.20
*	STANDARD PLAN 2	317.57	111.03	428.60	776.79	256.51	1033.30

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GROUP HEALTH INSURANCE 2002 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES

		SINGLE			FAMILY		
	PLAN BY COUNTY	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
	FOND DU LAC						
	COMPCAREBLUE NORTHEAST	166.74	150.86	317.60	410.81	371.69	782.50
	DEAN HEALTH PLAN	166.74	153.76	320.50	410.81	378.89	789.70
*	HUMANA-EASTERN	166.74	158.56	325.30	410.81	390.89	801.70
*	NETWORK-FOX VALLEY	166.74	142.86	309.60	410.81	351.69	762.50
	TOUCHPOINT HEALTH PLAN	166.74	154.56	321.30	410.81	380.89	791.70
	STANDARD PLAN	166.74	538.96	705.70	410.81	1315.39	1726.20
*	STANDARD PLAN 2	166.74	261.86	428.60	410.81	622.49	1033.30
	FOREST						
*	COMPCAREBLUE NORTH	317.57	22.73	340.30	776.79	62.41	839.20
*	SECURITY HEALTH PLAN	317.57	102.83	420.40	776.79	262.61	1039.40
*	STATE MAINTENANCE PLAN	317.57	317.53	635.10	776.79	776.71	1553.50
	STANDARD PLAN	317.57	388.13	705.70	776.79	949.41	1726.20
*	STANDARD PLAN 2	317.57	111.03	428.60	776.79	256.51	1033.30
	GRANT						
	DEAN HEALTH PLAN	164.54	155.96	320.50	405.25	384.45	789.70
*	GUNDERSEN LUTHERAN	164.54	184.66	349.20	405.25	456.25	861.50
	MEDICAL ASSOCIATES HMO	164.54	148.86	313.40	405.25	366.65	771.90
	UNITY-COMMUNITY	164.54	172.56	337.10	405.25	425.95	831.20
	STANDARD PLAN	164.54	541.16	705.70	405.25	1320.95	1726.20
*	STANDARD PLAN 2	164.54	264.06	428.60	405.25	628.05	1033.30
	GREEN						
*	MERCYCARE HEALTH PLAN	176.98	114.22	291.20	436.38	280.12	716.50
	UNITY-COMMUNITY	176.98	160.12	337.10	436.38	394.82	831.20
	STANDARD PLAN	176.98	528.72	705.70	436.38	1289.82	1726.20
*	STANDARD PLAN 2	176.98	251.62	428.60	436.38	596.92	1033.30
	GREEN LAKE						
*	DEAN HEALTH PLAN	162.54	157.96	320.50	400.31	389.39	789.70
	NETWORK-FOX VALLEY	162.54	147.06	309.60	400.31	362.19	762.50
	TOUCHPOINT HEALTH PLAN	162.54	158.76	321.30	400.31	391.39	791.70
	STANDARD PLAN	162.54	543.16	705.70	400.31	1325.89	1726.20
*	STANDARD PLAN 2	162.54	266.06	428.60	400.31	632.99	1033.30
	IOWA						
	DEAN HEALTH PLAN	164.54	155.96	320.50	405.25	384.45	789.70
	MEDICAL ASSOCIATES HMO	164.54	148.86	313.40	405.25	366.65	771.90
	PHYSICIANS PLUS - SC	164.54	158.16	322.70	405.25	389.95	795.20
	UNITY-COMMUNITY	164.54	172.56	337.10	405.25	425.95	831.20
	STANDARD PLAN	164.54	541.16	705.70	405.25	1320.95	1726.20
*	STANDARD PLAN 2	164.54	264.06	428.60	405.25	628.05	1033.30
	IRON						
*	COMPCAREBLUE NORTH	317.57	22.73	340.30	776.79	62.41	839.20
*	SECURITY HEALTH PLAN	317.57	102.83	420.40	776.79	262.61	1039.40
*	STATE MAINTENANCE PLAN	317.57	317.53	635.10	776.79	776.71	1553.50
	STANDARD PLAN	317.57	388.13	705.70	776.79	949.41	1726.20
*	STANDARD PLAN 2	317.57	111.03	428.60	776.79	256.51	1033.30

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GROUP HEALTH INSURANCE 2002 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES

		SINGLE			FAMILY		
	PLAN BY COUNTY	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
	JACKSON						
*	ATRIUM HEALTH PLAN	180.92	168.98	349.90	446.20	417.00	863.20
	GUNDERSEN LUTHERAN	180.92	168.28	349.20	446.20	415.30	861.50
	HEALTH TRADITION	180.92	163.68	344.60	446.20	403.70	849.90
	SECURITY HEALTH PLAN	180.92	239.48	420.40	446.20	593.20	1039.40
*	VALLEY HEALTH PLAN	180.92	195.78	376.70	446.20	484.00	930.20
	STANDARD PLAN	180.92	524.78	705.70	446.20	1280.00	1726.20
*	STANDARD PLAN 2	180.92	247.68	428.60	446.20	587.10	1033.30
	JEFFERSON						
	DEAN HEALTH PLAN	152.88	167.62	320.50	376.16	413.54	789.70
	MERCYCARE HEALTH PLAN	152.88	138.32	291.20	376.16	340.34	716.50
*	UNITY-COMMUNITY	152.88	184.22	337.10	376.16	455.04	831.20
	STANDARD PLAN	152.88	552.82	705.70	376.16	1350.04	1726.20
*	STANDARD PLAN 2	152.88	275.72	428.60	376.16	657.14	1033.30
	JUNEAU						
	GUNDERSEN LUTHERAN	176.98	172.22	349.20	436.38	425.12	861.50
	UNITY-COMMUNITY	176.98	160.12	337.10	436.38	394.82	831.20
	STANDARD PLAN	176.98	528.72	705.70	436.38	1289.82	1726.20
*	STANDARD PLAN 2	176.98	251.62	428.60	436.38	596.92	1033.30
	KENOSHA						
*	DEAN HEALTH PLAN	170.78	149.72	320.50	420.89	368.81	789.70
	HUMANA-EASTERN	170.78	154.52	325.30	420.89	380.81	801.70
	STANDARD PLAN	170.78	534.92	705.70	420.89	1305.31	1726.20
*	STANDARD PLAN 2	170.78	257.82	428.60	420.89	612.41	1033.30
	KEWAUNEE						
*	PREVEA HEALTH PLAN	168.68	228.92	397.60	415.64	566.86	982.50
	TOUCHPOINT HEALTH PLAN	168.68	152.62	321.30	415.64	376.06	791.70
	STANDARD PLAN	168.68	537.02	705.70	415.64	1310.56	1726.20
*	STANDARD PLAN 2	168.68	259.92	428.60	415.64	617.66	1033.30
	LA CROSSE						
	GUNDERSEN LUTHERAN	180.92	168.28	349.20	446.20	415.30	861.50
	HEALTH TRADITION	180.92	163.68	344.60	446.20	403.70	849.90
	STANDARD PLAN	180.92	524.78	705.70	446.20	1280.00	1726.20
*	STANDARD PLAN 2	180.92	247.68	428.60	446.20	587.10	1033.30
	LAFAYETTE						
*	DEAN HEALTH PLAN	164.54	155.96	320.50	405.25	384.45	789.70
	MEDICAL ASSOCIATES HMO	164.54	148.86	313.40	405.25	366.65	771.90
	STANDARD PLAN	164.54	541.16	705.70	405.25	1320.95	1726.20
*	STANDARD PLAN 2	164.54	264.06	428.60	405.25	628.05	1033.30

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GROUP HEALTH INSURANCE 2002 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES

		SINGLE			FAMILY		
	PLAN BY COUNTY	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
	LANGLADE						
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
	SECURITY HEALTH PLAN	178.66	241.74	420.40	440.58	598.82	1039.40
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	LINCOLN						
*	COMPCAREBLUE NORTH	220.71	119.59	340.30	545.69	293.51	839.20
	SECURITY HEALTH PLAN	220.71	199.69	420.40	545.69	493.71	1039.40
	STANDARD PLAN	220.71	484.99	705.70	545.69	1180.51	1726.20
*	STANDARD PLAN 2	220.71	207.89	428.60	545.69	487.61	1033.30
	MANITOWOC						
*	COMPCAREBLUE NORTHEAST	170.78	146.82	317.60	420.89	361.61	782.50
	HUMANA-EASTERN	170.78	154.52	325.30	420.89	380.81	801.70
*	NETWORK-FOX VALLEY	170.78	138.82	309.60	420.89	341.61	762.50
	PREVEA HEALTH PLAN	170.78	226.82	397.60	420.89	561.61	982.50
	STANDARD PLAN	170.78	534.92	705.70	420.89	1305.31	1726.20
*	STANDARD PLAN 2	170.78	257.82	428.60	420.89	612.41	1033.30
	MARATHON						
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
	SECURITY HEALTH PLAN	178.66	241.74	420.40	440.58	598.82	1039.40
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	MARINETTE						
*	PREVEA HEALTH PLAN	317.57	80.03	397.60	776.79	205.71	982.50
*	STATE MAINTENANCE PLAN	317.57	317.53	635.10	776.79	776.71	1553.50
	STANDARD PLAN	317.57	388.13	705.70	776.79	949.41	1726.20
*	STANDARD PLAN 2	317.57	111.03	428.60	776.79	256.51	1033.30
	MARQUETTE						
*	DEAN HEALTH PLAN	317.57	2.93	320.50	776.79	12.91	789.70
*	NETWORK-FOX VALLEY	309.60	0.00	309.60	762.50	0.00	762.50
*	UNITY-COMMUNITY	317.57	19.53	337.10	776.79	54.41	831.20
*	STATE MAINTENANCE PLAN	317.57	317.53	635.10	776.79	776.71	1553.50
	STANDARD PLAN	317.57	388.13	705.70	776.79	949.41	1726.20
*	STANDARD PLAN 2	317.57	111.03	428.60	776.79	256.51	1033.30
	MENOMINEE						
*	STATE MAINTENANCE PLAN	317.57	317.53	635.10	776.79	776.71	1553.50
	STANDARD PLAN	317.57	388.13	705.70	776.79	949.41	1726.20
*	STANDARD PLAN 2	317.57	111.03	428.60	776.79	256.51	1033.30

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GROUP HEALTH INSURANCE 2002 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES

		SINGLE			FAMILY		
	PLAN BY COUNTY	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
	MILWAUKEE						
	COMPCAREBLUE - AURORA/FAMILY	170.78	170.82	341.60	420.89	421.61	842.50
	HUMANA-EASTERN	170.78	154.52	325.30	420.89	380.81	801.70
	STANDARD PLAN	170.78	534.92	705.70	420.89	1305.31	1726.20
*	STANDARD PLAN 2	170.78	257.82	428.60	420.89	612.41	1033.30
	MONROE						
	GUNDERSEN LUTHERAN	180.92	168.28	349.20	446.20	415.30	861.50
	HEALTH TRADITION	180.92	163.68	344.60	446.20	403.70	849.90
	STANDARD PLAN	180.92	524.78	705.70	446.20	1280.00	1726.20
*	STANDARD PLAN 2	180.92	247.68	428.60	446.20	587.10	1033.30
	OCONTO						
*	PREVEA HEALTH PLAN	168.68	228.92	397.60	415.64	566.86	982.50
	TOUCHPOINT HEALTH PLAN	168.68	152.62	321.30	415.64	376.06	791.70
	STANDARD PLAN	168.68	537.02	705.70	415.64	1310.56	1726.20
*	STANDARD PLAN 2	168.68	259.92	428.60	415.64	617.66	1033.30
	ONEIDA						
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
	SECURITY HEALTH PLAN	178.66	241.74	420.40	440.58	598.82	1039.40
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	OUTAGAMIE						
	NETWORK-FOX VALLEY	162.54	147.06	309.60	400.31	362.19	762.50
*	PREVEA HEALTH PLAN	162.54	235.06	397.60	400.31	582.19	982.50
	TOUCHPOINT HEALTH PLAN	162.54	158.76	321.30	400.31	391.39	791.70
	STANDARD PLAN	162.54	543.16	705.70	400.31	1325.89	1726.20
*	STANDARD PLAN 2	162.54	266.06	428.60	400.31	632.99	1033.30
	OZAUKEE						
	HUMANA-EASTERN	170.78	154.52	325.30	420.89	380.81	801.70
	STANDARD PLAN	170.78	534.92	705.70	420.89	1305.31	1726.20
*	STANDARD PLAN 2	170.78	257.82	428.60	420.89	612.41	1033.30
	PEPIN						
*	COMPCAREBLUE NORTH	317.57	22.73	340.30	776.79	62.41	839.20
*	HUMANA-WESTERN	317.57	50.03	367.60	776.79	130.71	907.50
*	VALLEY HEALTH PLAN	317.57	59.13	376.70	776.79	153.41	930.20
*	STATE MAINTENANCE PLAN	317.57	317.53	635.10	776.79	776.71	1553.50
	STANDARD PLAN	317.57	388.13	705.70	776.79	949.41	1726.20
*	STANDARD PLAN 2	317.57	111.03	428.60	776.79	256.51	1033.30

* Plan’s monthly premium not used to calculate the "State Pays" amount due to limited provider availiability. Standard Plan 2 and SMP premium are not used in any county "State Pays" calculation.

GROUP HEALTH INSURANCE 2002 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES

		SINGLE			FAMILY		
	PLAN BY COUNTY	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
	PIERCE						
*	ATRIUM HEALTH PLAN	317.57	32.33	349.90	776.79	86.41	863.20
*	COMPCAREBLUE NORTH	317.57	22.73	340.30	776.79	62.41	839.20
*	HUMANA-WESTERN	317.57	50.03	367.60	776.79	130.71	907.50
*	VALLEY HEALTH PLAN	317.57	59.13	376.70	776.79	153.41	930.20
*	STATE MAINTENANCE PLAN	317.57	317.53	635.10	776.79	776.71	1553.50
	STANDARD PLAN	317.57	388.13	705.70	776.79	949.41	1726.20
*	STANDARD PLAN 2	317.57	111.03	428.60	776.79	256.51	1033.30
	POLK						
	ATRIUM HEALTH PLAN	178.66	171.24	349.90	440.58	422.62	863.20
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
	HUMANA-WESTERN	178.66	188.94	367.60	440.58	466.92	907.50
*	VALLEY HEALTH PLAN	178.66	198.04	376.70	440.58	489.62	930.20
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	PORTAGE						
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
	SECURITY HEALTH PLAN	178.66	241.74	420.40	440.58	598.82	1039.40
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	PRICE						
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
*	GHC-EAU CLAIRE	178.66	187.04	365.70	440.58	462.12	902.70
	SECURITY HEALTH PLAN	178.66	241.74	420.40	440.58	598.82	1039.40
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	RACINE						
*	DEAN HEALTH PLAN	170.78	149.72	320.50	420.89	368.81	789.70
	HUMANA-EASTERN	170.78	154.52	325.30	420.89	380.81	801.70
	STANDARD PLAN	170.78	534.92	705.70	420.89	1305.31	1726.20
*	STANDARD PLAN 2	170.78	257.82	428.60	420.89	612.41	1033.30
	RICHLAND						
	DEAN HEALTH PLAN	168.26	152.24	320.50	414.59	375.11	789.70
	GUNDERSEN LUTHERAN	168.26	180.94	349.20	414.59	446.91	861.50
	UNITY-COMMUNITY	168.26	168.84	337.10	414.59	416.61	831.20
	STANDARD PLAN	168.26	537.44	705.70	414.59	1311.61	1726.20
*	STANDARD PLAN 2	168.26	260.34	428.60	414.59	618.71	1033.30
	ROCK						
	DEAN HEALTH PLAN	152.88	167.62	320.50	376.16	413.54	789.70
*	HUMANA-EASTERN	152.88	172.42	325.30	376.16	425.54	801.70
	MERCYCARE HEALTH PLAN	152.88	138.32	291.20	376.16	340.34	716.50
*	PHYSICIANS PLUS - SC	152.88	169.82	322.70	376.16	419.04	795.20
	STANDARD PLAN	152.88	552.82	705.70	376.16	1350.04	1726.20
*	STANDARD PLAN 2	152.88	275.72	428.60	376.16	657.14	1033.30

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GROUP HEALTH INSURANCE 2002 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES

		SINGLE			FAMILY		
	PLAN BY COUNTY	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
	RUSK						
*	GHC-EAU CLAIRE	220.71	144.99	365.70	545.69	357.01	902.70
	SECURITY HEALTH PLAN	220.71	199.69	420.40	545.69	493.71	1039.40
*	VALLEY HEALTH PLAN	220.71	155.99	376.70	545.69	384.51	930.20
	STANDARD PLAN	220.71	484.99	705.70	545.69	1180.51	1726.20
*	STANDARD PLAN 2	220.71	207.89	428.60	545.69	487.61	1033.30
	SAUK						
	DEAN HEALTH PLAN	168.26	152.24	320.50	414.59	375.11	789.70
*	GUNDERSEN LUTHERAN	168.26	180.94	349.20	414.59	446.91	861.50
	PHYSICIANS PLUS - SC	168.26	154.44	322.70	414.59	380.61	795.20
	UNITY-COMMUNITY	168.26	168.84	337.10	414.59	416.61	831.20
	STANDARD PLAN	168.26	537.44	705.70	414.59	1311.61	1726.20
*	STANDARD PLAN 2	168.26	260.34	428.60	414.59	618.71	1033.30
	SAWYER						
	ATRIUM HEALTH PLAN	178.66	171.24	349.90	440.58	422.62	863.20
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
*	GHC-EAU CLAIRE	178.66	187.04	365.70	440.58	462.12	902.70
*	SECURITY HEALTH PLAN	178.66	241.74	420.40	440.58	598.82	1039.40
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	SHAWANO						
*	SECURITY HEALTH PLAN	168.68	251.72	420.40	415.64	623.76	1039.40
	TOUCHPOINT HEALTH PLAN	168.68	152.62	321.30	415.64	376.06	791.70
	STANDARD PLAN	168.68	537.02	705.70	415.64	1310.56	1726.20
*	STANDARD PLAN 2	168.68	259.92	428.60	415.64	617.66	1033.30
	SHEBOYGAN						
	COMPCAREBLUE NORTHEAST	166.74	150.86	317.60	410.81	371.69	782.50
	HUMANA-EASTERN	166.74	158.56	325.30	410.81	390.89	801.70
*	NETWORK-FOX VALLEY	166.74	142.86	309.60	410.81	351.69	762.50
	STANDARD PLAN	166.74	538.96	705.70	410.81	1315.39	1726.20
*	STANDARD PLAN 2	166.74	261.86	428.60	410.81	622.49	1033.30
	ST CROIX						
	ATRIUM HEALTH PLAN	178.66	171.24	349.90	440.58	422.62	863.20
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
*	GHC-EAU CLAIRE	178.66	187.04	365.70	440.58	462.12	902.70
	HUMANA-WESTERN	178.66	188.94	367.60	440.58	466.92	907.50
	VALLEY HEALTH PLAN	178.66	198.04	376.70	440.58	489.62	930.20
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	TAYLOR						
*	COMPCAREBLUE NORTH	220.71	119.59	340.30	545.69	293.51	839.20
	SECURITY HEALTH PLAN	220.71	199.69	420.40	545.69	493.71	1039.40
	STANDARD PLAN	220.71	484.99	705.70	545.69	1180.51	1726.20
*	STANDARD PLAN 2	220.71	207.89	428.60	545.69	487.61	1033.30

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GROUP HEALTH INSURANCE 2002 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES

		SINGLE			FAMILY		
	PLAN BY COUNTY	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
	TREMPEALEAU						
*	GHC-EAU CLAIRE	180.92	184.78	365.70	446.20	456.50	902.70
	GUNDERSEN LUTHERAN	180.92	168.28	349.20	446.20	415.30	861.50
	HEALTH TRADITION	180.92	163.68	344.60	446.20	403.70	849.90
*	HUMANA-WESTERN	180.92	186.68	367.60	446.20	461.30	907.50
*	SECURITY HEALTH PLAN	180.92	239.48	420.40	446.20	593.20	1039.40
*	VALLEY HEALTH PLAN	180.92	195.78	376.70	446.20	484.00	930.20
	STANDARD PLAN	180.92	524.78	705.70	446.20	1280.00	1726.20
*	STANDARD PLAN 2	180.92	247.68	428.60	446.20	587.10	1033.30
	VERNON						
	GUNDERSEN LUTHERAN	180.92	168.28	349.20	446.20	415.30	861.50
	HEALTH TRADITION	180.92	163.68	344.60	446.20	403.70	849.90
*	UNITY-COMMUNITY	180.92	156.18	337.10	446.20	385.00	831.20
	STANDARD PLAN	180.92	524.78	705.70	446.20	1280.00	1726.20
*	STANDARD PLAN 2	180.92	247.68	428.60	446.20	587.10	1033.30
	VILAS						
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
	SECURITY HEALTH PLAN	178.66	241.74	420.40	440.58	598.82	1039.40
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	WALWORTH						
	DEAN HEALTH PLAN	152.88	167.62	320.50	376.16	413.54	789.70
*	HUMANA-EASTERN	152.88	172.42	325.30	376.16	425.54	801.70
	MERCYCARE HEALTH PLAN	152.88	138.32	291.20	376.16	340.34	716.50
	STANDARD PLAN	152.88	552.82	705.70	376.16	1350.04	1726.20
*	STANDARD PLAN 2	152.88	275.72	428.60	376.16	657.14	1033.30
	WASHBURN						
	ATRIUM HEALTH PLAN	178.66	171.24	349.90	440.58	422.62	863.20
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
	HUMANA-WESTERN	178.66	188.94	367.60	440.58	466.92	907.50
*	SECURITY HEALTH PLAN	178.66	241.74	420.40	440.58	598.82	1039.40
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	WASHINGTON						
	HUMANA-EASTERN	170.78	154.52	325.30	420.89	380.81	801.70
	STANDARD PLAN	170.78	534.92	705.70	420.89	1305.31	1726.20
*	STANDARD PLAN 2	170.78	257.82	428.60	420.89	612.41	1033.30
	WAUKESHA						
*	COMPCAREBLUE - AURORA/FAMILY	168.26	173.34	341.60	414.59	427.91	842.50
	DEAN HEALTH PLAN	168.26	152.24	320.50	414.59	375.11	789.70
	HUMANA-EASTERN	168.26	157.04	325.30	414.59	387.11	801.70
	STANDARD PLAN	168.26	537.44	705.70	414.59	1311.61	1726.20
*	STANDARD PLAN 2	168.26	260.34	428.60	414.59	618.71	1033.30

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GROUP HEALTH INSURANCE 2002 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES

		SINGLE			FAMILY		
	PLAN BY COUNTY	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
	WAUPACA						
	NETWORK-FOX VALLEY	162.54	147.06	309.60	400.31	362.19	762.50
*	SECURITY HEALTH PLAN	162.54	257.86	420.40	400.31	639.09	1039.40
	TOUCHPOINT HEALTH PLAN	162.54	158.76	321.30	400.31	391.39	791.70
	STANDARD PLAN	162.54	543.16	705.70	400.31	1325.89	1726.20
*	STANDARD PLAN 2	162.54	266.06	428.60	400.31	632.99	1033.30
	WAUSHARA						
	NETWORK-FOX VALLEY	162.54	147.06	309.60	400.31	362.19	762.50
*	SECURITY HEALTH PLAN	162.54	257.86	420.40	400.31	639.09	1039.40
	TOUCHPOINT HEALTH PLAN	162.54	158.76	321.30	400.31	391.39	791.70
	STANDARD PLAN	162.54	543.16	705.70	400.31	1325.89	1726.20
*	STANDARD PLAN 2	162.54	266.06	428.60	400.31	632.99	1033.30
	WINNEBAGO						
	NETWORK-FOX VALLEY	162.54	147.06	309.60	400.31	362.19	762.50
	TOUCHPOINT HEALTH PLAN	162.54	158.76	321.30	400.31	391.39	791.70
	STANDARD PLAN	162.54	543.16	705.70	400.31	1325.89	1726.20
*	STANDARD PLAN 2	162.54	266.06	428.60	400.31	632.99	1033.30
	WOOD						
	COMPCAREBLUE NORTH	178.66	161.64	340.30	440.58	398.62	839.20
	SECURITY HEALTH PLAN	178.66	241.74	420.40	440.58	598.82	1039.40
	STANDARD PLAN	178.66	527.04	705.70	440.58	1285.62	1726.20
*	STANDARD PLAN 2	178.66	249.94	428.60	440.58	592.72	1033.30
	OUT OF STATE						
*	ATRIUM HEALTH PLAN	317.57	32.33	349.90	776.79	86.41	863.20
*	COMPCAREBLUE NORTH	317.57	22.73	340.30	776.79	62.41	839.20
*	GUNDERSEN LUTHERAN	317.57	31.63	349.20	776.79	84.71	861.50
*	HEALTH TRADITION	317.57	27.03	344.60	776.79	73.11	849.90
*	HUMANA-WESTERN	317.57	50.03	367.60	776.79	130.71	907.50
*	MEDICAL ASSOCIATES HMO	313.40	0.00	313.40	771.90	0.00	771.90
*	PREVEA HEALTH PLAN	317.57	80.03	397.60	776.79	205.71	982.50
	STANDARD PLAN	317.57	388.13	705.70	776.79	949.41	1726.20
*	STANDARD PLAN 2	317.57	111.03	428.60	776.79	256.51	1033.30
*	STATE MAINTENANCE PLAN	317.57	317.53	635.10	776.79	776.71	1553.50

NOTE: Out of state rates apply for alternate health plans when your designated provider is located outside the state of Wisconsin. Out of state rates apply for State Maintenance Plan, Standard Plan and Standard Plan 2 when the subscriber resides outside the state of Wisconsin.

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