LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR CY 2004	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	MEDICARE/ SINGLE	MEDICARE - 2*	MEDICARE - 1*
STANDARD PLAN: DANE	667.20	1612.80	403.50	787.00	1033.90
STANDARD PLAN: MILWAUKEE	720.10	1745.20	403.50	787.00	1086.90
STANDARD PLAN: WAUKESHA	720.10	1745.20	403.50	787.00	1086.90
STANDARD PLAN:BALANCE OF STATE	628.20	1515.30	403.50	787.00	994.90
STATE MAINTENANCE PLAN	600.40	1451.60	NA	NA	NA
ATRIUM HEALTH PLAN	538.30	1334.10	430.10	852.30	957.80
COMPCAREBLUE - AURORA/FAMILY	479.90	1188.10	383.30	758.70	852.60
COMPCAREBLUE NORTHEAST	500.70	1240.10	400.00	792.10	890.10
COMPCAREBLUE SOUTHEAST	520.00	1288.30	417.58	827.26	929.68
DEAN HEALTH PLAN	346.60	854.80	276.70	545.50	612.70
GHC-EAU CLAIRE	485.00	1200.80	387.40	766.90	861.80
GHC-SOUTH CENTRAL	361.80	892.80	288.90	569.90	640.10
GUNDERSEN LUTHERAN	434.60	1074.80	347.10	686.30	771.10
HEALTH TRADITION	451.00	1115.80	360.20	712.50	845.60
HUMANA-EASTERN	490.60	1214.80	391.90	775.90	871.90
HUMANA-WESTERN	506.90	1255.50	404.90	801.90	901.20
MEDICAL ASSOCIATES HMO	417.60	1032.30	333.50	659.10	740.50
MERCYCARE HEALTH PLAN	380.50	939.60	303.80	599.70	673.70
NETWORK-FOX VALLEY	396.60	979.80	316.70	625.50	702.70
PHYSICIANS PLUS	362.40	894.30	289.30	570.70	641.10
PREVEA HEALTH PLAN	466.70	1155.00	372.80	737.70	828.90
TOUCHPOINT HEALTH PLAN	419.50	1037.00	334.50	662.00	743.90
UNITY-COMMUNITY	417.80	1032.80	333.70	659.50	740.90
UNITY-UW HEALTH	345.00	850.80	275.40	542.90	609.80
VALLEY HEALTH PLAN	521.80	1292.80	416.90	825.90	928.10
STANDARD PLAN AREA INCLUDES THE FOLLOWING:	DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix MILWAUKEE: Milwaukee county & retirees living out of state WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha WISCONSIN: Balance of state				

Standard Plan rates are determined by the employer county or the retiree county of residence.
N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.
* Medicare - 1 = One family member enrolled in Medicare; Medicare - 2 = Two family members enrolled.
Medicare premium rates apply only to subscribers who have terminated employment.