* Not Qualified in County

= Low Cost Qualified Plan

2012 Local Low Cost Plan:

Effective January 1, 2012
Deductible HMO - Deductible Standard Plan (P04)

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	493.61	27.59	521.20	1229.66	69.14	1298.80
	ADAMS	PHYSICIANS PLUS	493.61	19.39	513.00	1229.66	48.64	1278.30
	ADAMS	SECURITY HEALTH PLAN	493.61	393.19	886.80	1229.66	983.14	2212.80
	ADAMS	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	ADAMS	STANDARD PLAN: BALANCE OF STATE	493.61	485.59	979.20	1229.66	1214.44	2444.10
	ASHLAND							
	ASHLAND	ANTHEM BLUE NORTHWEST	797.37	159.43	956.80	1989.02	398.78	2387.80
	ASHLAND	GHC OF EAU CLAIRE	797.37	97.93	895.30	1989.02	245.08	2234.10
	ASHLAND	SECURITY HEALTH PLAN	797.37	89.43	886.80	1989.02	223.78	2212.80
	ASHLAND	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	ASHLAND	STANDARD PLAN: BALANCE OF STATE	797.37	181.83	979.20	1989.02	455.08	2444.10
	BARRON							
*	BARRON	GUNDERSEN LUTHERAN HEALTH PLAN	737.20	0.00	737.20	1838.80	0.00	1838.80
	BARRON	HUMANA WESTERN	797.37	206.93	1004.30	1989.02	517.58	2506.60
	BARRON	SECURITY HEALTH PLAN	797.37	89.43	886.80	1989.02	223.78	2212.80
	BARRON	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	BARRON	STANDARD PLAN: BALANCE OF STATE	797.37	181.83	979.20	1989.02	455.08	2444.10
	BAYFIELD							
*	BAYFIELD	ANTHEM BLUE NORTHWEST	684.50	272.30	956.80	1707.30	680.50	2387.80
*	BAYFIELD	GHC OF EAU CLAIRE	684.50	210.80	895.30	1707.30	526.80	2234.10
*	BAYFIELD	HEALTHPARTNERS	684.50	123.90	808.40	1707.30	309.50	2016.80
*	BAYFIELD	SECURITY HEALTH PLAN	684.50	202.30	886.80	1707.30	505.50	2212.80
*	BAYFIELD	WEA TRUST NORTHWEST	684.50	74.90	759.40	1707.30	187.00	1894.30
	BAYFIELD	STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
	BAYFIELD	STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
	BROWN							
	BROWN	ANTHEM BLUE NORTHEAST	609.00	221.20	830.20	1518.09	553.21	2071.30
	BROWN	ARISE HEALTH PLAN	609.00	198.20	807.20	1518.09	495.71	2013.80
	BROWN	HUMANA EASTERN	609.00	395.30	1004.30	1518.09	988.51	2506.60
	BROWN	NETWORK HEALTH PLAN	580.00	0.00	580.00	1445.80	0.00	1445.80
	BROWN	UNITEDHEALTHCARE NE	609.00	64.00	673.00	1518.09	160.21	1678.30
	BROWN	WEA TRUST EAST	609.00	116.50	725.50	1518.09	291.51	1809.60
	BROWN	STANDARD PLAN: BALANCE OF STATE	609.00	370.20	979.20	1518.09	926.01	2444.10
	BUFFALO							
*	BUFFALO	HEALTH TRADITION HEALTH PLAN	677.00	0.00	677.00	1688.30	0.00	1688.30
*	BUFFALO	WEA TRUST NORTHWEST	684.50	74.90	759.40	1707.30	187.00	1894.30
	BUFFALO	STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
	BUFFALO	STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
	BURNETT							
	BURNETT	ANTHEM BLUE NORTHWEST	797.37	159.43	956.80	1989.02	398.78	2387.80
	BURNETT	GHC OF EAU CLAIRE	797.37	97.93	895.30	1989.02	245.08	2234.10
	BURNETT	HEALTHPARTNERS	797.37	11.03	808.40	1989.02	27.78	2016.80
	BURNETT	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	BURNETT	STANDARD PLAN: BALANCE OF STATE	797.37	181.83	979.20	1989.02	455.08	2444.10
	CALUMET							
	CALUMET	ANTHEM BLUE NORTHEAST	609.00	221.20	830.20	1518.09	553.21	2071.30
*	CALUMET	ARISE HEALTH PLAN	609.00	198.20	807.20	1518.09	495.71	2013.80
*	CALUMET	HUMANA EASTERN	609.00	395.30	1004.30	1518.09	988.51	2506.60
	CALUMET	NETWORK HEALTH PLAN	580.00	0.00	580.00	1445.80	0.00	1445.80
	CALUMET	UNITEDHEALTHCARE NE	609.00	64.00	673.00	1518.09	160.21	1678.30
*	CALUMET	WEA TRUST EAST	609.00	116.50	725.50	1518.09	291.51	1809.60
	CALUMET	STANDARD PLAN: BALANCE OF STATE	609.00	370.20	979.20	1518.09	926.01	2444.10
	CHIPPEWA							
	CHIPPEWA	GUNDERSEN LUTHERAN HEALTH PLAN	737.20	0.00	737.20	1838.80	0.00	1838.80
	CHIPPEWA	HUMANA WESTERN	774.06	230.24	1004.30	1930.74	575.86	2506.60
	CHIPPEWA	SECURITY HEALTH PLAN	774.06	112.74	886.80	1930.74	282.06	2212.80
	CHIPPEWA	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	CHIPPEWA	STANDARD PLAN: BALANCE OF STATE	774.06	205.14	979.20	1930.74	513.36	2444.10

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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
	CLARK							
*	CLARK	ARISE HEALTH PLAN	774.06	33.14	807.20	1930.74	83.06	2013.80
	CLARK	GUNDERSEN LUTHERAN HEALTH PLAN	737.20	0.00	737.20	1838.80	0.00	1838.80
	CLARK	SECURITY HEALTH PLAN	774.06	112.74	886.80	1930.74	282.06	2212.80
	CLARK	STANDARD PLAN: BALANCE OF STATE	774.06	205.14	979.20	1930.74	513.36	2444.10
	COLUMBIA							
	COLUMBIA	DEAN HEALTH PLAN	493.61	27.59	521.20	1229.66	69.14	1298.80
	COLUMBIA	PHYSICIANS PLUS	493.61	19.39	513.00	1229.66	48.64	1278.30
	COLUMBIA	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	COLUMBIA	WEA TRUST EAST	493.61	231.89	725.50	1229.66	579.94	1809.60
	COLUMBIA	STANDARD PLAN: BALANCE OF STATE	493.61	485.59	979.20	1229.66	1214.44	2444.10
	CRAWFORD							
	CRAWFORD	GUNDERSEN LUTHERAN HEALTH PLAN	737.20	0.00	737.20	1838.80	0.00	1838.80
*	CRAWFORD	HEALTH TRADITION HEALTH PLAN	677.00	0.00	677.00	1688.30	0.00	1688.30
*	CRAWFORD	MEDICAL ASSOCIATES HEALTH PLAN	590.00	0.00	590.00	1470.80	0.00	1470.80
*	CRAWFORD	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	CRAWFORD	STANDARD PLAN: BALANCE OF STATE	774.06	205.14	979.20	1930.74	513.36	2444.10
	DANE							
	DANE	DEAN HEALTH PLAN	494.13	27.07	521.20	1230.92	67.88	1298.80
	DANE	GHC OF SOUTH CENTRAL WISCONSIN	494.13	41.27	535.40	1230.92	103.38	1334.30
	DANE	PHYSICIANS PLUS	494.13	18.87	513.00	1230.92	47.38	1278.30
	DANE	UNITY UW HEALTH	470.60	0.00	470.60	1172.30	0.00	1172.30
	DANE	STANDARD PLAN: DANE	494.13	415.07	909.20	1230.92	1038.18	2269.10
	DODGE							
	DODGE	ANTHEM BLUE SOUTHEAST	493.61	430.69	924.30	1229.66	1076.94	2306.60
*	DODGE	ARISE HEALTH PLAN	493.61	313.59	807.20	1229.66	784.14	2013.80
	DODGE	DEAN HEALTH PLAN	493.61	27.59	521.20	1229.66	69.14	1298.80
	DODGE	HUMANA EASTERN	493.61	510.69	1004.30	1229.66	1276.94	2506.60
	DODGE	NETWORK HEALTH PLAN	493.61	86.39	580.00	1229.66	216.14	1445.80
	DODGE	UNITEDHEALTHCARE SE	493.61	209.09	702.70	1229.66	522.94	1752.60
	DODGE	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	DODGE	WEA TRUST EAST	493.61	231.89	725.50	1229.66	579.94	1809.60
	DODGE	STANDARD PLAN: BALANCE OF STATE	493.61	485.59	979.20	1229.66	1214.44	2444.10
	DOOR							
	DOOR	ANTHEM BLUE NORTHEAST	609.00	221.20	830.20	1518.09	553.21	2071.30
	DOOR	ARISE HEALTH PLAN	609.00	198.20	807.20	1518.09	495.71	2013.80
*	DOOR	HUMANA EASTERN	609.00	395.30	1004.30	1518.09	988.51	2506.60
	DOOR	NETWORK HEALTH PLAN	580.00	0.00	580.00	1445.80	0.00	1445.80
	DOOR	UNITEDHEALTHCARE NE	609.00	64.00	673.00	1518.09	160.21	1678.30
	DOOR	WEA TRUST EAST	609.00	116.50	725.50	1518.09	291.51	1809.60
	DOOR	STANDARD PLAN: BALANCE OF STATE	609.00	370.20	979.20	1518.09	926.01	2444.10
	DOUGLAS							
	DOUGLAS	ANTHEM BLUE NORTHWEST	797.37	159.43	956.80	1989.02	398.78	2387.80
	DOUGLAS	GHC OF EAU CLAIRE	797.37	97.93	895.30	1989.02	245.08	2234.10
	DOUGLAS	HEALTHPARTNERS	797.37	11.03	808.40	1989.02	27.78	2016.80
	DOUGLAS	HUMANA WESTERN	797.37	206.93	1004.30	1989.02	517.58	2506.60
	DOUGLAS	SECURITY HEALTH PLAN	797.37	89.43	886.80	1989.02	223.78	2212.80
	DOUGLAS	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	DOUGLAS	STANDARD PLAN: BALANCE OF STATE	797.37	181.83	979.20	1989.02	455.08	2444.10
	DUNN							
*	DUNN	HUMANA WESTERN	797.37	206.93	1004.30	1989.02	517.58	2506.60
	DUNN	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	DUNN	STANDARD PLAN: BALANCE OF STATE	797.37	181.83	979.20	1989.02	455.08	2444.10
	EAU CLAIRE							
	EAU CLAIRE	ANTHEM BLUE NORTHWEST	774.06	182.74	956.80	1930.74	457.06	2387.80
	EAU CLAIRE	GUNDERSEN LUTHERAN HEALTH PLAN	737.20	0.00	737.20	1838.80	0.00	1838.80
	EAU CLAIRE	HUMANA WESTERN	774.06	230.24	1004.30	1930.74	575.86	2506.60
	EAU CLAIRE	SECURITY HEALTH PLAN	774.06	112.74	886.80	1930.74	282.06	2212.80
	EAU CLAIRE	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	EAU CLAIRE	STANDARD PLAN: BALANCE OF STATE	774.06	205.14	979.20	1930.74	513.36	2444.10

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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	684.50	122.70	807.20	1707.30	306.50	2013.80
*	FLORENCE	WEA TRUST EAST	684.50	41.00	725.50	1707.30	102.30	1809.60
	FLORENCE	STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
	FLORENCE	STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
FOND DU LAC								
	FOND DU LAC	ANTHEM BLUE NORTHEAST	493.61	336.59	830.20	1229.66	841.64	2071.30
	FOND DU LAC	ARISE HEALTH PLAN	493.61	313.59	807.20	1229.66	784.14	2013.80
	FOND DU LAC	DEAN HEALTH PLAN	493.61	27.59	521.20	1229.66	69.14	1298.80
	FOND DU LAC	HUMANA EASTERN	493.61	510.69	1004.30	1229.66	1276.94	2506.60
	FOND DU LAC	NETWORK HEALTH PLAN	493.61	86.39	580.00	1229.66	216.14	1445.80
	FOND DU LAC	UNITEDHEALTHCARE NE	493.61	179.39	673.00	1229.66	448.64	1678.30
	FOND DU LAC	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	FOND DU LAC	WEA TRUST EAST	493.61	231.89	725.50	1229.66	579.94	1809.60
	FOND DU LAC	STANDARD PLAN: BALANCE OF STATE	493.61	485.59	979.20	1229.66	1214.44	2444.10
FOREST								
*	FOREST	ARISE HEALTH PLAN	684.50	122.70	807.20	1707.30	306.50	2013.80
*	FOREST	SECURITY HEALTH PLAN	684.50	202.30	886.80	1707.30	505.50	2212.80
	FOREST	STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
	FOREST	STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
GRANT								
	GRANT	DEAN HEALTH PLAN	493.61	27.59	521.20	1229.66	69.14	1298.80
	GRANT	GUNDERSEN LUTHERAN HEALTH PLAN	493.61	243.59	737.20	1229.66	609.14	1838.80
	GRANT	HEALTH TRADITION HEALTH PLAN	493.61	183.39	677.00	1229.66	458.64	1688.30
	GRANT	MEDICAL ASSOCIATES HEALTH PLAN	493.61	96.39	590.00	1229.66	241.14	1470.80
	GRANT	PHYSICIANS PLUS	493.61	19.39	513.00	1229.66	48.64	1278.30
	GRANT	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	GRANT	STANDARD PLAN: DANE	493.61	415.59	909.20	1229.66	1039.44	2269.10
GREEN								
	GREEN	DEAN HEALTH PLAN	493.61	27.59	521.20	1229.66	69.14	1298.80
	GREEN	HUMANA EASTERN	493.61	510.69	1004.30	1229.66	1276.94	2506.60
*	GREEN	MERCYCARE HEALTH PLAN	493.61	8.59	502.20	1229.66	21.64	1251.30
	GREEN	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	GREEN	STANDARD PLAN: BALANCE OF STATE	493.61	485.59	979.20	1229.66	1214.44	2444.10
GREEN LAKE								
	GREEN LAKE	ANTHEM BLUE NORTHEAST	609.00	221.20	830.20	1518.09	553.21	2071.30
*	GREEN LAKE	ARISE HEALTH PLAN	609.00	198.20	807.20	1518.09	495.71	2013.80
*	GREEN LAKE	DEAN HEALTH PLAN	521.20	0.00	521.20	1298.80	0.00	1298.80
	GREEN LAKE	HUMANA EASTERN	609.00	395.30	1004.30	1518.09	988.51	2506.60
	GREEN LAKE	NETWORK HEALTH PLAN	580.00	0.00	580.00	1445.80	0.00	1445.80
*	GREEN LAKE	PHYSICIANS PLUS	513.00	0.00	513.00	1278.30	0.00	1278.30
*	GREEN LAKE	SECURITY HEALTH PLAN	609.00	277.80	886.80	1518.09	694.71	2212.80
	GREEN LAKE	UNITEDHEALTHCARE NE	609.00	64.00	673.00	1518.09	160.21	1678.30
	GREEN LAKE	WEA TRUST EAST	609.00	116.50	725.50	1518.09	291.51	1809.60
	GREEN LAKE	STANDARD PLAN: BALANCE OF STATE	609.00	370.20	979.20	1518.09	926.01	2444.10
IOWA								
	IOWA	DEAN HEALTH PLAN	493.61	27.59	521.20	1229.66	69.14	1298.80
	IOWA	MEDICAL ASSOCIATES HEALTH PLAN	493.61	96.39	590.00	1229.66	241.14	1470.80
	IOWA	PHYSICIANS PLUS	493.61	19.39	513.00	1229.66	48.64	1278.30
	IOWA	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	IOWA	STANDARD PLAN: BALANCE OF STATE	493.61	485.59	979.20	1229.66	1214.44	2444.10
IRON								
*	IRON	SECURITY HEALTH PLAN	684.50	202.30	886.80	1707.30	505.50	2212.80
	IRON	STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
	IRON	STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
JACKSON								
	JACKSON	GUNDERSEN LUTHERAN HEALTH PLAN	710.85	26.35	737.20	1772.72	66.08	1838.80
	JACKSON	HEALTH TRADITION HEALTH PLAN	677.00	0.00	677.00	1688.30	0.00	1688.30
	JACKSON	SECURITY HEALTH PLAN	710.85	175.95	886.80	1772.72	440.08	2212.80
	JACKSON	WEA TRUST NORTHWEST	710.85	48.55	759.40	1772.72	121.58	1894.30
	JACKSON	STANDARD PLAN: BALANCE OF STATE	710.85	268.35	979.20	1772.72	671.38	2444.10

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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	493.61	430.69	924.30	1229.66	1076.94	2306.60
	JEFFERSON	DEAN HEALTH PLAN	493.61	27.59	521.20	1229.66	69.14	1298.80
	JEFFERSON	HUMANA EASTERN	493.61	510.69	1004.30	1229.66	1276.94	2506.60
	JEFFERSON	MERCYCARE HEALTH PLAN	493.61	8.59	502.20	1229.66	21.64	1251.30
*	JEFFERSON	PHYSICIANS PLUS	493.61	19.39	513.00	1229.66	48.64	1278.30
	JEFFERSON	UNITEDHEALTHCARE SE	493.61	209.09	702.70	1229.66	522.94	1752.60
	JEFFERSON	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	JEFFERSON	WEA TRUST EAST	493.61	231.89	725.50	1229.66	579.94	1809.60
	JEFFERSON	STANDARD PLAN: DANE	493.61	415.59	909.20	1229.66	1039.44	2269.10
JUNEAU								
*	JUNEAU	DEAN HEALTH PLAN	493.61	27.59	521.20	1229.66	69.14	1298.80
	JUNEAU	GUNDERSEN LUTHERAN HEALTH PLAN	493.61	243.59	737.20	1229.66	609.14	1838.80
	JUNEAU	HEALTH TRADITION HEALTH PLAN	493.61	183.39	677.00	1229.66	458.64	1688.30
	JUNEAU	SECURITY HEALTH PLAN	493.61	393.19	886.80	1229.66	983.14	2212.80
	JUNEAU	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	JUNEAU	STANDARD PLAN: BALANCE OF STATE	493.61	485.59	979.20	1229.66	1214.44	2444.10
KENOSHA								
	KENOSHA	ANTHEM BLUE SOUTHEAST	737.84	186.46	924.30	1840.23	466.37	2306.60
	KENOSHA	HUMANA EASTERN	737.84	266.46	1004.30	1840.23	666.37	2506.60
	KENOSHA	UNITEDHEALTHCARE SE	702.70	0.00	702.70	1752.60	0.00	1752.60
	KENOSHA	WEA TRUST EAST	725.50	0.00	725.50	1809.60	0.00	1809.60
	KENOSHA	STANDARD PLAN: WAUKESHA	737.84	241.36	979.20	1840.23	603.87	2444.10
KEWAUNEE								
	KEWAUNEE	ANTHEM BLUE NORTHEAST	609.00	221.20	830.20	1518.09	553.21	2071.30
	KEWAUNEE	ARISE HEALTH PLAN	609.00	198.20	807.20	1518.09	495.71	2013.80
*	KEWAUNEE	HUMANA EASTERN	609.00	395.30	1004.30	1518.09	988.51	2506.60
	KEWAUNEE	NETWORK HEALTH PLAN	580.00	0.00	580.00	1445.80	0.00	1445.80
*	KEWAUNEE	UNITEDHEALTHCARE NE	609.00	64.00	673.00	1518.09	160.21	1678.30
	KEWAUNEE	WEA TRUST EAST	609.00	116.50	725.50	1518.09	291.51	1809.60
	KEWAUNEE	STANDARD PLAN: BALANCE OF STATE	609.00	370.20	979.20	1518.09	926.01	2444.10
LACROSSE								
	LACROSSE	GUNDERSEN LUTHERAN HEALTH PLAN	710.85	26.35	737.20	1772.72	66.08	1838.80
	LACROSSE	HEALTH TRADITION HEALTH PLAN	677.00	0.00	677.00	1688.30	0.00	1688.30
	LACROSSE	STANDARD PLAN: DANE	710.85	198.35	909.20	1772.72	496.38	2269.10
LAFAYETTE								
	LAFAYETTE	DEAN HEALTH PLAN	521.20	0.00	521.20	1298.80	0.00	1298.80
	LAFAYETTE	MEDICAL ASSOCIATES HEALTH PLAN	538.65	51.35	590.00	1342.22	128.58	1470.80
	LAFAYETTE	PHYSICIANS PLUS	513.00	0.00	513.00	1278.30	0.00	1278.30
	LAFAYETTE	STANDARD PLAN: BALANCE OF STATE	538.65	440.55	979.20	1342.22	1101.88	2444.10
LANGLADE								
	LANGLADE	ARISE HEALTH PLAN	807.20	0.00	807.20	2013.80	0.00	2013.80
	LANGLADE	SECURITY HEALTH PLAN	847.56	39.24	886.80	2114.49	98.31	2212.80
	LANGLADE	STANDARD PLAN: BALANCE OF STATE	847.56	131.64	979.20	2114.49	329.61	2444.10
LINCOLN								
*	LINCOLN	ARISE HEALTH PLAN	807.20	0.00	807.20	2013.80	0.00	2013.80
	LINCOLN	SECURITY HEALTH PLAN	886.80	0.00	886.80	2212.80	0.00	2212.80
	LINCOLN	STANDARD PLAN: BALANCE OF STATE	931.14	48.06	979.20	2323.44	120.66	2444.10
MANITOWOC								
	MANITOWOC	ANTHEM BLUE NORTHEAST	609.00	221.20	830.20	1518.09	553.21	2071.30
	MANITOWOC	ARISE HEALTH PLAN	609.00	198.20	807.20	1518.09	495.71	2013.80
	MANITOWOC	HUMANA EASTERN	609.00	395.30	1004.30	1518.09	988.51	2506.60
	MANITOWOC	NETWORK HEALTH PLAN	580.00	0.00	580.00	1445.80	0.00	1445.80
	MANITOWOC	UNITEDHEALTHCARE NE	609.00	64.00	673.00	1518.09	160.21	1678.30
	MANITOWOC	WEA TRUST EAST	609.00	116.50	725.50	1518.09	291.51	1809.60
	MANITOWOC	STANDARD PLAN: BALANCE OF STATE	609.00	370.20	979.20	1518.09	926.01	2444.10
MARATHON								
	MARATHON	ARISE HEALTH PLAN	761.78	45.42	807.20	1900.08	113.72	2013.80
	MARATHON	SECURITY HEALTH PLAN	761.78	125.02	886.80	1900.08	312.72	2212.80
	MARATHON	WEA TRUST EAST	725.50	0.00	725.50	1809.60	0.00	1809.60
	MARATHON	STANDARD PLAN: BALANCE OF STATE	761.78	217.42	979.20	1900.08	544.02	2444.10

* Not Qualified in County

= Low Cost Qualified Plan

2012 Local Low Cost Plan:

Effective January 1, 2012
Deductible HMO - Deductible Standard Plan (P04)

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	706.65	123.55	830.20	1762.22	309.08	2071.30
	MARINETTE	ARISE HEALTH PLAN	706.65	100.55	807.20	1762.22	251.58	2013.80
	MARINETTE	HUMANA EASTERN	706.65	297.65	1004.30	1762.22	744.38	2506.60
	MARINETTE	UNITEDHEALTHCARE NE	673.00	0.00	673.00	1678.30	0.00	1678.30
	MARINETTE	WEA TRUST EAST	706.65	18.85	725.50	1762.22	47.38	1809.60
	MARINETTE	STANDARD PLAN: BALANCE OF STATE	706.65	272.55	979.20	1762.22	681.88	2444.10
	MARQUETTE							
*	MARQUETTE	NETWORK HEALTH PLAN	538.65	41.35	580.00	1342.22	103.58	1445.80
	MARQUETTE	PHYSICIANS PLUS	513.00	0.00	513.00	1278.30	0.00	1278.30
*	MARQUETTE	UNITEDHEALTHCARE NE	538.65	134.35	673.00	1342.22	336.08	1678.30
*	MARQUETTE	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
*	MARQUETTE	WEA TRUST EAST	538.65	186.85	725.50	1342.22	467.38	1809.60
	MARQUETTE	STANDARD PLAN: BALANCE OF STATE	538.65	440.55	979.20	1342.22	1101.88	2444.10
	MENOMINEE							
	MENOMINEE	STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
	MENOMINEE	STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
	MILWAUKEE							
	MILWAUKEE	ANTHEM BLUE SOUTHEAST	737.84	186.46	924.30	1840.23	466.37	2306.60
	MILWAUKEE	HUMANA EASTERN	737.84	266.46	1004.30	1840.23	666.37	2506.60
	MILWAUKEE	UNITEDHEALTHCARE SE	702.70	0.00	702.70	1752.60	0.00	1752.60
	MILWAUKEE	WEA TRUST EAST	725.50	0.00	725.50	1809.60	0.00	1809.60
	MILWAUKEE	WPS METRO CHOICE	737.84	253.36	991.20	1840.23	633.57	2473.80
	MILWAUKEE	STANDARD PLAN: MILWAUKEE	737.84	321.16	1059.00	1840.23	803.27	2643.50
	MONROE							
	MONROE	GUNDERSEN LUTHERAN HEALTH PLAN	710.85	26.35	737.20	1772.72	66.08	1838.80
	MONROE	HEALTH TRADITION HEALTH PLAN	677.00	0.00	677.00	1688.30	0.00	1688.30
	MONROE	STANDARD PLAN: BALANCE OF STATE	710.85	268.35	979.20	1772.72	671.38	2444.10
	OCONTO							
	OCONTO	ANTHEM BLUE NORTHEAST	609.00	221.20	830.20	1518.09	553.21	2071.30
	OCONTO	ARISE HEALTH PLAN	609.00	198.20	807.20	1518.09	495.71	2013.80
*	OCONTO	HUMANA EASTERN	609.00	395.30	1004.30	1518.09	988.51	2506.60
	OCONTO	NETWORK HEALTH PLAN	580.00	0.00	580.00	1445.80	0.00	1445.80
*	OCONTO	UNITEDHEALTHCARE NE	609.00	64.00	673.00	1518.09	160.21	1678.30
	OCONTO	WEA TRUST EAST	609.00	116.50	725.50	1518.09	291.51	1809.60
	OCONTO	STANDARD PLAN: BALANCE OF STATE	609.00	370.20	979.20	1518.09	926.01	2444.10
	ONEIDA							
*	ONEIDA	ARISE HEALTH PLAN	807.20	0.00	807.20	2013.80	0.00	2013.80
	ONEIDA	SECURITY HEALTH PLAN	886.80	0.00	886.80	2212.80	0.00	2212.80
	ONEIDA	STANDARD PLAN: BALANCE OF STATE	931.14	48.06	979.20	2323.44	120.66	2444.10
	OUTAGAMIE							
	OUTAGAMIE	ANTHEM BLUE NORTHEAST	609.00	221.20	830.20	1518.09	553.21	2071.30
	OUTAGAMIE	ARISE HEALTH PLAN	609.00	198.20	807.20	1518.09	495.71	2013.80
	OUTAGAMIE	HUMANA EASTERN	609.00	395.30	1004.30	1518.09	988.51	2506.60
	OUTAGAMIE	NETWORK HEALTH PLAN	580.00	0.00	580.00	1445.80	0.00	1445.80
	OUTAGAMIE	UNITEDHEALTHCARE NE	609.00	64.00	673.00	1518.09	160.21	1678.30
	OUTAGAMIE	WEA TRUST EAST	609.00	116.50	725.50	1518.09	291.51	1809.60
	OUTAGAMIE	STANDARD PLAN: BALANCE OF STATE	609.00	370.20	979.20	1518.09	926.01	2444.10
	OZAUKEE							
	OZAUKEE	ANTHEM BLUE SOUTHEAST	737.84	186.46	924.30	1840.23	466.37	2306.60
	OZAUKEE	HUMANA EASTERN	737.84	266.46	1004.30	1840.23	666.37	2506.60
	OZAUKEE	UNITEDHEALTHCARE SE	702.70	0.00	702.70	1752.60	0.00	1752.60
	OZAUKEE	WEA TRUST EAST	725.50	0.00	725.50	1809.60	0.00	1809.60
	OZAUKEE	WPS METRO CHOICE	737.84	253.36	991.20	1840.23	633.57	2473.80
	OZAUKEE	STANDARD PLAN: WAUKESHA	737.84	241.36	979.20	1840.23	603.87	2444.10
	PEPIN							
*	PEPIN	HUMANA WESTERN	684.50	319.80	1004.30	1707.30	799.30	2506.60
*	PEPIN	SECURITY HEALTH PLAN	684.50	202.30	886.80	1707.30	505.50	2212.80
*	PEPIN	WEA TRUST NORTHWEST	684.50	74.90	759.40	1707.30	187.00	1894.30
	PEPIN	STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
	PEPIN	STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10

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2012 Local Low Cost Plan:

Effective January 1, 2012
Deductible HMO - Deductible Standard Plan (P04)

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
	PIERCE							
	PIERCE	ANTHEM BLUE NORTHWEST	797.37	159.43	956.80	1989.02	398.78	2387.80
	PIERCE	HEALTHPARTNERS	797.37	11.03	808.40	1989.02	27.78	2016.80
*	PIERCE	HUMANA WESTERN	797.37	206.93	1004.30	1989.02	517.58	2506.60
	PIERCE	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	PIERCE	STANDARD PLAN: BALANCE OF STATE	797.37	181.83	979.20	1989.02	455.08	2444.10
	POLK							
	POLK	ANTHEM BLUE NORTHWEST	797.37	159.43	956.80	1989.02	398.78	2387.80
	POLK	HEALTHPARTNERS	797.37	11.03	808.40	1989.02	27.78	2016.80
*	POLK	HUMANA WESTERN	797.37	206.93	1004.30	1989.02	517.58	2506.60
	POLK	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	POLK	STANDARD PLAN: DANE	797.37	111.83	909.20	1989.02	280.08	2269.10
	PORTAGE							
*	PORTAGE	ARISE HEALTH PLAN	761.78	45.42	807.20	1900.08	113.72	2013.80
	PORTAGE	SECURITY HEALTH PLAN	761.78	125.02	886.80	1900.08	312.72	2212.80
	PORTAGE	WEA TRUST EAST	725.50	0.00	725.50	1809.60	0.00	1809.60
	PORTAGE	STANDARD PLAN: BALANCE OF STATE	761.78	217.42	979.20	1900.08	544.02	2444.10
	PRICE							
	PRICE	SECURITY HEALTH PLAN	886.80	0.00	886.80	2212.80	0.00	2212.80
	PRICE	STANDARD PLAN: BALANCE OF STATE	931.14	48.06	979.20	2323.44	120.66	2444.10
	RACINE							
	RACINE	ANTHEM BLUE SOUTHEAST	737.84	186.46	924.30	1840.23	466.37	2306.60
	RACINE	HUMANA EASTERN	737.84	266.46	1004.30	1840.23	666.37	2506.60
	RACINE	UNITEDHEALTHCARE SE	702.70	0.00	702.70	1752.60	0.00	1752.60
	RACINE	WEA TRUST EAST	725.50	0.00	725.50	1809.60	0.00	1809.60
	RACINE	WPS METRO CHOICE	737.84	253.36	991.20	1840.23	633.57	2473.80
	RACINE	STANDARD PLAN: WAUKESHA	737.84	241.36	979.20	1840.23	603.87	2444.10
	RICHLAND							
	RICHLAND	DEAN HEALTH PLAN	493.61	27.59	521.20	1229.66	69.14	1298.80
	RICHLAND	GUNDERSEN LUTHERAN HEALTH PLAN	493.61	243.59	737.20	1229.66	609.14	1838.80
	RICHLAND	HEALTH TRADITION HEALTH PLAN	493.61	183.39	677.00	1229.66	458.64	1688.30
	RICHLAND	PHYSICIANS PLUS	493.61	19.39	513.00	1229.66	48.64	1278.30
	RICHLAND	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	RICHLAND	STANDARD PLAN: BALANCE OF STATE	493.61	485.59	979.20	1229.66	1214.44	2444.10
	ROCK							
	ROCK	ANTHEM BLUE SOUTHEAST	493.61	430.69	924.30	1229.66	1076.94	2306.60
	ROCK	DEAN HEALTH PLAN	493.61	27.59	521.20	1229.66	69.14	1298.80
	ROCK	HUMANA EASTERN	493.61	510.69	1004.30	1229.66	1276.94	2506.60
	ROCK	MERCYCARE HEALTH PLAN	493.61	8.59	502.20	1229.66	21.64	1251.30
*	ROCK	PHYSICIANS PLUS	493.61	19.39	513.00	1229.66	48.64	1278.30
	ROCK	UNITEDHEALTHCARE SE	493.61	209.09	702.70	1229.66	522.94	1752.60
	ROCK	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	ROCK	WEA TRUST EAST	493.61	231.89	725.50	1229.66	579.94	1809.60
	ROCK	STANDARD PLAN: BALANCE OF STATE	493.61	485.59	979.20	1229.66	1214.44	2444.10
	RUSK							
	RUSK	SECURITY HEALTH PLAN	797.37	89.43	886.80	1989.02	223.78	2212.80
	RUSK	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	RUSK	STANDARD PLAN: BALANCE OF STATE	797.37	181.83	979.20	1989.02	455.08	2444.10
	SAUK							
	SAUK	DEAN HEALTH PLAN	493.61	27.59	521.20	1229.66	69.14	1298.80
	SAUK	GUNDERSEN LUTHERAN HEALTH PLAN	493.61	243.59	737.20	1229.66	609.14	1838.80
	SAUK	HEALTH TRADITION HEALTH PLAN	493.61	183.39	677.00	1229.66	458.64	1688.30
	SAUK	PHYSICIANS PLUS	493.61	19.39	513.00	1229.66	48.64	1278.30
	SAUK	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	SAUK	STANDARD PLAN: BALANCE OF STATE	493.61	485.59	979.20	1229.66	1214.44	2444.10
	SAWYER							
	SAWYER	GHC OF EAU CLAIRE	797.37	97.93	895.30	1989.02	245.08	2234.10
	SAWYER	SECURITY HEALTH PLAN	797.37	89.43	886.80	1989.02	223.78	2212.80
	SAWYER	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	SAWYER	STANDARD PLAN: BALANCE OF STATE	797.37	181.83	979.20	1989.02	455.08	2444.10

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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	706.65	123.55	830.20	1762.22	309.08	2071.30
	SHAWANO	ARISE HEALTH PLAN	706.65	100.55	807.20	1762.22	251.58	2013.80
	SHAWANO	HUMANA EASTERN	706.65	297.65	1004.30	1762.22	744.38	2506.60
	SHAWANO	UNITEDHEALTHCARE NE	673.00	0.00	673.00	1678.30	0.00	1678.30
	SHAWANO	WEA TRUST EAST	706.65	18.85	725.50	1762.22	47.38	1809.60
	SHAWANO	STANDARD PLAN: BALANCE OF STATE	706.65	272.55	979.20	1762.22	681.88	2444.10
SHEBOYGAN								
	SHEBOYGAN	ANTHEM BLUE NORTHEAST	609.00	221.20	830.20	1518.09	553.21	2071.30
	SHEBOYGAN	ARISE HEALTH PLAN	609.00	198.20	807.20	1518.09	495.71	2013.80
	SHEBOYGAN	HUMANA EASTERN	609.00	395.30	1004.30	1518.09	988.51	2506.60
	SHEBOYGAN	NETWORK HEALTH PLAN	580.00	0.00	580.00	1445.80	0.00	1445.80
	SHEBOYGAN	UNITEDHEALTHCARE NE	609.00	64.00	673.00	1518.09	160.21	1678.30
	SHEBOYGAN	WEA TRUST EAST	609.00	116.50	725.50	1518.09	291.51	1809.60
	SHEBOYGAN	STANDARD PLAN: BALANCE OF STATE	609.00	370.20	979.20	1518.09	926.01	2444.10
ST. CROIX								
	ST. CROIX	ANTHEM BLUE NORTHWEST	797.37	159.43	956.80	1989.02	398.78	2387.80
	ST. CROIX	HEALTHPARTNERS	797.37	11.03	808.40	1989.02	27.78	2016.80
	ST. CROIX	HUMANA WESTERN	797.37	206.93	1004.30	1989.02	517.58	2506.60
	ST. CROIX	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	ST. CROIX	STANDARD PLAN: DANE	797.37	111.83	909.20	1989.02	280.08	2269.10
TAYLOR								
	TAYLOR	ARISE HEALTH PLAN	807.20	0.00	807.20	2013.80	0.00	2013.80
	TAYLOR	SECURITY HEALTH PLAN	847.56	39.24	886.80	2114.49	98.31	2212.80
	TAYLOR	STANDARD PLAN: BALANCE OF STATE	847.56	131.64	979.20	2114.49	329.61	2444.10
TREMPEALEAU								
	TREMPEALEAU	GUNDERSEN LUTHERAN HEALTH PLAN	737.20	0.00	737.20	1838.80	0.00	1838.80
*	TREMPEALEAU	HEALTH TRADITION HEALTH PLAN	677.00	0.00	677.00	1688.30	0.00	1688.30
	TREMPEALEAU	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	TREMPEALEAU	STANDARD PLAN: BALANCE OF STATE	774.06	205.14	979.20	1930.74	513.36	2444.10
VERNON								
*	VERNON	DEAN HEALTH PLAN	493.61	27.59	521.20	1229.66	69.14	1298.80
	VERNON	GUNDERSEN LUTHERAN HEALTH PLAN	493.61	243.59	737.20	1229.66	609.14	1838.80
	VERNON	HEALTH TRADITION HEALTH PLAN	493.61	183.39	677.00	1229.66	458.64	1688.30
*	VERNON	SECURITY HEALTH PLAN	493.61	393.19	886.80	1229.66	983.14	2212.80
	VERNON	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	VERNON	STANDARD PLAN: BALANCE OF STATE	493.61	485.59	979.20	1229.66	1214.44	2444.10
VILAS								
*	VILAS	ARISE HEALTH PLAN	807.20	0.00	807.20	2013.80	0.00	2013.80
	VILAS	SECURITY HEALTH PLAN	886.80	0.00	886.80	2212.80	0.00	2212.80
	VILAS	STANDARD PLAN: BALANCE OF STATE	931.14	48.06	979.20	2323.44	120.66	2444.10
WALWORTH								
	WALWORTH	ANTHEM BLUE SOUTHEAST	493.61	430.69	924.30	1229.66	1076.94	2306.60
*	WALWORTH	DEAN HEALTH PLAN	493.61	27.59	521.20	1229.66	69.14	1298.80
	WALWORTH	HUMANA EASTERN	493.61	510.69	1004.30	1229.66	1276.94	2506.60
	WALWORTH	MERCYCARE HEALTH PLAN	493.61	8.59	502.20	1229.66	21.64	1251.30
	WALWORTH	UNITEDHEALTHCARE SE	493.61	209.09	702.70	1229.66	522.94	1752.60
	WALWORTH	UNITY COMMUNITY	470.10	0.00	470.10	1171.10	0.00	1171.10
	WALWORTH	WEA TRUST EAST	493.61	231.89	725.50	1229.66	579.94	1809.60
	WALWORTH	STANDARD PLAN: BALANCE OF STATE	493.61	485.59	979.20	1229.66	1214.44	2444.10
WASHBURN								
	WASHBURN	ANTHEM BLUE NORTHWEST	797.37	159.43	956.80	1989.02	398.78	2387.80
	WASHBURN	GHC OF EAU CLAIRE	797.37	97.93	895.30	1989.02	245.08	2234.10
*	WASHBURN	GUNDERSEN LUTHERAN HEALTH PLAN	737.20	0.00	737.20	1838.80	0.00	1838.80
	WASHBURN	SECURITY HEALTH PLAN	797.37	89.43	886.80	1989.02	223.78	2212.80
	WASHBURN	WEA TRUST NORTHWEST	759.40	0.00	759.40	1894.30	0.00	1894.30
	WASHBURN	STANDARD PLAN: BALANCE OF STATE	797.37	181.83	979.20	1989.02	455.08	2444.10

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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
WASHINGTON								
	WASHINGTON	ANTHEM BLUE SOUTHEAST	737.84	186.46	924.30	1840.23	466.37	2306.60
	WASHINGTON	HUMANA EASTERN	737.84	266.46	1004.30	1840.23	666.37	2506.60
	WASHINGTON	UNITEDHEALTHCARE SE	702.70	0.00	702.70	1752.60	0.00	1752.60
	WASHINGTON	WEA TRUST EAST	725.50	0.00	725.50	1809.60	0.00	1809.60
	WASHINGTON	WPS METRO CHOICE	737.84	253.36	991.20	1840.23	633.57	2473.80
	WASHINGTON	STANDARD PLAN: WAUKESHA	737.84	241.36	979.20	1840.23	603.87	2444.10
WAUKESHA								
	WAUKESHA	ANTHEM BLUE SOUTHEAST	737.84	186.46	924.30	1840.23	466.37	2306.60
*	WAUKESHA	DEAN HEALTH PLAN	521.20	0.00	521.20	1298.80	0.00	1298.80
	WAUKESHA	HUMANA EASTERN	737.84	266.46	1004.30	1840.23	666.37	2506.60
	WAUKESHA	UNITEDHEALTHCARE SE	702.70	0.00	702.70	1752.60	0.00	1752.60
	WAUKESHA	WEA TRUST EAST	725.50	0.00	725.50	1809.60	0.00	1809.60
	WAUKESHA	WPS METRO CHOICE	737.84	253.36	991.20	1840.23	633.57	2473.80
	WAUKESHA	STANDARD PLAN: WAUKESHA	737.84	241.36	979.20	1840.23	603.87	2444.10
WAUPACA								
	WAUPACA	ANTHEM BLUE NORTHEAST	609.00	221.20	830.20	1518.09	553.21	2071.30
	WAUPACA	ARISE HEALTH PLAN	609.00	198.20	807.20	1518.09	495.71	2013.80
	WAUPACA	HUMANA EASTERN	609.00	395.30	1004.30	1518.09	988.51	2506.60
	WAUPACA	NETWORK HEALTH PLAN	580.00	0.00	580.00	1445.80	0.00	1445.80
	WAUPACA	SECURITY HEALTH PLAN	609.00	277.80	886.80	1518.09	694.71	2212.80
*	WAUPACA	UNITEDHEALTHCARE NE	609.00	64.00	673.00	1518.09	160.21	1678.30
	WAUPACA	WEA TRUST EAST	609.00	116.50	725.50	1518.09	291.51	1809.60
	WAUPACA	STANDARD PLAN: BALANCE OF STATE	609.00	370.20	979.20	1518.09	926.01	2444.10
WAUSHARA								
	WAUSHARA	ANTHEM BLUE NORTHEAST	538.65	291.55	830.20	1342.22	729.08	2071.30
	WAUSHARA	HUMANA EASTERN	538.65	465.65	1004.30	1342.22	1164.38	2506.60
	WAUSHARA	NETWORK HEALTH PLAN	538.65	41.35	580.00	1342.22	103.58	1445.80
	WAUSHARA	PHYSICIANS PLUS	513.00	0.00	513.00	1278.30	0.00	1278.30
	WAUSHARA	SECURITY HEALTH PLAN	538.65	348.15	886.80	1342.22	870.58	2212.80
*	WAUSHARA	UNITEDHEALTHCARE NE	538.65	134.35	673.00	1342.22	336.08	1678.30
	WAUSHARA	WEA TRUST EAST	538.65	186.85	725.50	1342.22	467.38	1809.60
	WAUSHARA	STANDARD PLAN: BALANCE OF STATE	538.65	440.55	979.20	1342.22	1101.88	2444.10
WINNEBAGO								
	WINNEBAGO	ANTHEM BLUE NORTHEAST	609.00	221.20	830.20	1518.09	553.21	2071.30
*	WINNEBAGO	ARISE HEALTH PLAN	609.00	198.20	807.20	1518.09	495.71	2013.80
	WINNEBAGO	HUMANA EASTERN	609.00	395.30	1004.30	1518.09	988.51	2506.60
	WINNEBAGO	NETWORK HEALTH PLAN	580.00	0.00	580.00	1445.80	0.00	1445.80
	WINNEBAGO	UNITEDHEALTHCARE NE	609.00	64.00	673.00	1518.09	160.21	1678.30
	WINNEBAGO	WEA TRUST EAST	609.00	116.50	725.50	1518.09	291.51	1809.60
	WINNEBAGO	STANDARD PLAN: BALANCE OF STATE	609.00	370.20	979.20	1518.09	926.01	2444.10
WOOD								
	WOOD	ARISE HEALTH PLAN	761.78	45.42	807.20	1900.08	113.72	2013.80
	WOOD	SECURITY HEALTH PLAN	761.78	125.02	886.80	1900.08	312.72	2212.80
	WOOD	WEA TRUST EAST	725.50	0.00	725.50	1809.60	0.00	1809.60
	WOOD	STANDARD PLAN: BALANCE OF STATE	761.78	217.42	979.20	1900.08	544.02	2444.10