

TRADITIONAL HMO - STANDARD PLAN PPP (P03)

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>		
	PLAN NAME	SINGLE	FAMILY	SINGLE MEDICARE	FAMILY MEDICARE - 1*
ANTHEM BLUE NORTHEAST	932.40	2,326.80	583.40	1,513.00	1,164.00
ANTHEM BLUE NORTHWEST	1,076.30	2,686.60	655.40	1,728.90	1,308.00
ANTHEM BLUE SOUTHEAST	1,039.30	2,594.10	636.80	1,673.30	1,270.80
ARISE HEALTH PLAN	861.90	2,150.60	548.10	1,407.20	1,093.40
DEAN HEALTH PLAN	575.30	1,434.10	398.90	971.40	795.00
GHC OF EAU CLAIRE	975.90	2,435.60	520.10	1,493.20	1,037.40
GHC OF SOUTH CENTRAL WISCONSIN	569.60	1,419.80	402.00	968.80	801.20
GUNDERSEN LUTHERAN HEALTH PLAN	786.70	1,962.60	405.30	1,189.20	807.80
HEALTH TRADITION HEALTH PLAN	721.80	1,800.30	478.00	1,197.00	953.20
HEALTHPARTNERS	863.20	2,153.80	528.10	1,388.50	1,053.40
HUMANA EASTERN	1,091.80	2,725.30	364.10	1,453.10	725.40
HUMANA WESTERN	1,091.80	2,725.30	364.10	1,453.10	725.40
MEDICAL ASSOCIATES HEALTH PLAN	658.40	1,641.80	367.20	1,022.80	731.60
MERCYCARE HEALTH PLAN	543.90	1,355.60	354.40	895.50	706.00
NETWORK HEALTH PLAN	648.20	1,616.30	441.30	1,086.70	879.80
PHYSICIANS PLUS	560.90	1,398.10	366.50	924.60	730.20
SECURITY HEALTH PLAN	976.40	2,436.80	495.10	1,468.70	987.40
STANDARD PLAN: BALANCE OF STATE-PPP	959.50	2,394.90	351.50	1,311.00	700.20
STANDARD PLAN: DANE-PPP	891.20	2,224.20	351.50	1,242.70	700.20
STANDARD PLAN: MILWAUKEE-PPP	1,037.00	2,588.70	351.50	1,388.50	700.20
STANDARD PLAN: WAUKESHA-PPP	959.50	2,394.90	351.50	1,311.00	700.20
STATE MAINTENANCE PLAN (SMP)	712.90	1,778.60	NA	NA	NA
UNITEDHEALTHCARE NE	739.40	1,844.30	486.90	1,223.50	971.00
UNITEDHEALTHCARE SE	775.60	1,934.80	505.00	1,277.80	1,007.20
UNITY COMMUNITY	499.40	1,244.30	337.60	834.20	672.40
UNITY UW HEALTH	499.90	1,245.60	337.80	834.90	672.80
WEA TRUST EAST	781.60	1,949.80	508.00	1,286.80	1,013.20
WEA TRUST NORTHWEST	818.40	2,041.80	526.40	1,342.00	1,050.00
WPS METRO CHOICE	1,059.70	2,645.10	647.10	1,704.00	1,291.40

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.