

GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR FULL TIME EMPLOYEES						
PLAN BY COUNTY	SINGLE			FAMILY		
	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
01 ADAMS						
UNITY-COMMUNITY	385.40	0.00	385.40	956.20	0.00	956.20
STANDARD PLAN	404.67	390.73	795.40	1,004.01	949.49	1,953.50
STANDARD PLAN 2	404.67	96.03	500.70	1,004.01	212.79	1,216.80
02 ASHLAND						
* ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
* HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
STANDARD PLAN	447.20	348.20	795.40	1,110.27	843.23	1,953.50
STANDARD PLAN 2	447.20	53.50	500.70	1,110.27	106.53	1,216.80
03 BARRON						
ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
GHC-EAU CLAIRE	412.97	1.93	414.90	1,024.70	5.20	1,029.90
HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
* VALLEY HEALTH PLAN	412.97	37.73	450.70	1,024.70	94.70	1,119.40
STANDARD PLAN	412.97	382.43	795.40	1,024.70	928.80	1,953.50
STANDARD PLAN 2	412.97	87.73	500.70	1,024.70	192.10	1,216.80
04 BAYFIELD						
* ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80
05 BROWN						
COMPCAREBLUE NORTHEAST	388.00	0.00	388.00	962.70	0.00	962.70
PREVEA HEALTH PLAN	393.65	75.15	468.80	976.40	188.20	1,164.60
TOUCHPOINT HEALTH PLAN	374.90	0.00	374.90	929.90	0.00	929.90
STANDARD PLAN	393.65	401.75	795.40	976.40	977.10	1,953.50
STANDARD PLAN 2	393.65	107.05	500.70	976.40	240.40	1,216.80
06 BUFFALO						
* HEALTH TRADITION	417.50	0.00	417.50	1,036.40	0.00	1,036.40
* HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
* VALLEY HEALTH PLAN	450.70	0.00	450.70	1,119.40	0.00	1,119.40
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80
07 BURNETT						
ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
* COMPCAREBLUE NORTH	412.97	12.93	425.90	1,024.70	32.70	1,057.40
HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
STANDARD PLAN	412.97	382.43	795.40	1,024.70	928.80	1,953.50
STANDARD PLAN 2	412.97	87.73	500.70	1,024.70	192.10	1,216.80
08 CALUMET						
* HUMANA-EASTERN	372.33	24.87	397.20	923.16	62.44	985.60
NETWORK-FOX VALLEY	354.60	0.00	354.60	879.20	0.00	879.20
TOUCHPOINT HEALTH PLAN	372.33	2.57	374.90	923.16	6.74	929.90
STANDARD PLAN	372.33	423.07	795.40	923.16	1,030.34	1,953.50
STANDARD PLAN 2	372.33	128.37	500.70	923.16	293.64	1,216.80
09 CHIPPEWA						
ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
GHC-EAU CLAIRE	412.97	1.93	414.90	1,024.70	5.20	1,029.90
HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
VALLEY HEALTH PLAN	412.97	37.73	450.70	1,024.70	94.70	1,119.40
STANDARD PLAN	412.97	382.43	795.40	1,024.70	928.80	1,953.50
STANDARD PLAN 2	412.97	87.73	500.70	1,024.70	192.10	1,216.80

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PLAN BY COUNTY	SINGLE			FAMILY		
	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
10 CLARK						
* COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
* GHC-EAU CLAIRE	414.90	0.00	414.90	1,029.90	0.00	1,029.90
STANDARD PLAN	447.20	348.20	795.40	1,110.27	843.23	1,953.50
STANDARD PLAN 2	447.20	53.50	500.70	1,110.27	106.53	1,216.80
11 COLUMBIA						
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
* NETWORK-FOX VALLEY	354.60	0.00	354.60	879.20	0.00	879.20
PHYSICIANS PLUS - SC	363.30	7.00	370.30	900.59	17.81	918.40
UNITY-COMMUNITY	363.30	22.10	385.40	900.59	55.61	956.20
STANDARD PLAN	363.30	432.10	795.40	900.59	1,052.91	1,953.50
STANDARD PLAN 2	363.30	137.40	500.70	900.59	316.21	1,216.80
12 CRAWFORD						
* GUNDERSEN LUTHERAN	351.33	56.87	408.20	870.66	142.54	1,013.20
* HEALTH TRADITION	351.33	66.17	417.50	870.66	165.74	1,036.40
MEDICAL ASSOCIATES HMO	334.60	0.00	334.60	829.20	0.00	829.20
* UNITY-COMMUNITY	351.33	34.07	385.40	870.66	85.54	956.20
STANDARD PLAN	351.33	444.07	795.40	870.66	1,082.84	1,953.50
STANDARD PLAN 2	351.33	149.37	500.70	870.66	346.14	1,216.80
13 DANE						
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
* GHC-SOUTH CENTRAL	334.00	0.00	334.00	827.70	0.00	827.70
* HUMANA-EASTERN	350.70	46.50	397.20	869.09	116.51	985.60
* MERCYCARE HEALTH PLAN	320.20	0.00	320.20	793.20	0.00	793.20
PHYSICIANS PLUS - SC	350.70	19.60	370.30	869.09	49.31	918.40
UNITY-UW HEALTH	346.30	0.00	346.30	858.40	0.00	858.40
STANDARD PLAN	350.70	444.70	795.40	869.09	1,084.41	1,953.50
STANDARD PLAN 2	350.70	150.00	500.70	869.09	347.71	1,216.80
14 DODGE						
* COMPCAREBLUE NORTHEAST	363.30	24.70	388.00	900.59	62.11	962.70
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
* HUMANA-EASTERN	363.30	33.90	397.20	900.59	85.01	985.60
* NETWORK-FOX VALLEY	354.60	0.00	354.60	879.20	0.00	879.20
* UNITY-COMMUNITY	363.30	22.10	385.40	900.59	55.61	956.20
STANDARD PLAN	363.30	432.10	795.40	900.59	1,052.91	1,953.50
STANDARD PLAN 2	363.30	137.40	500.70	900.59	316.21	1,216.80
15 DOOR						
PREVEA HEALTH PLAN	393.65	75.15	468.80	976.40	188.20	1,164.60
TOUCHPOINT HEALTH PLAN	374.90	0.00	374.90	929.90	0.00	929.90
STANDARD PLAN	393.65	401.75	795.40	976.40	977.10	1,953.50
STANDARD PLAN 2	393.65	107.05	500.70	976.40	240.40	1,216.80
16 DOUGLAS						
ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
COMPCAREBLUE NORTH	412.97	12.93	425.90	1,024.70	32.70	1,057.40
HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
STANDARD PLAN	412.97	382.43	795.40	1,024.70	928.80	1,953.50
STANDARD PLAN 2	412.97	87.73	500.70	1,024.70	192.10	1,216.80
17 DUNN						
* GHC-EAU CLAIRE	414.90	0.00	414.90	1,029.90	0.00	1,029.90
* HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
VALLEY HEALTH PLAN	420.42	30.28	450.70	1,043.28	76.12	1,119.40
STANDARD PLAN	420.42	374.98	795.40	1,043.28	910.22	1,953.50
STANDARD PLAN 2	420.42	80.28	500.70	1,043.28	173.52	1,216.80

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PLAN BY COUNTY	SINGLE			FAMILY		
	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
18 EAU CLAIRE						
ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
GHC-EAU CLAIRE	412.97	1.93	414.90	1,024.70	5.20	1,029.90
HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
VALLEY HEALTH PLAN	412.97	37.73	450.70	1,024.70	94.70	1,119.40
STANDARD PLAN	412.97	382.43	795.40	1,024.70	928.80	1,953.50
STANDARD PLAN 2	412.97	87.73	500.70	1,024.70	192.10	1,216.80
19 FLORENCE						
* HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80
20 FOND DU LAC						
COMPCAREBLUE NORTHEAST	363.30	24.70	388.00	900.59	62.11	962.70
DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
HUMANA-EASTERN	363.30	33.90	397.20	900.59	85.01	985.60
NETWORK-FOX VALLEY	354.60	0.00	354.60	879.20	0.00	879.20
* TOUCHPOINT HEALTH PLAN	363.30	11.60	374.90	900.59	29.31	929.90
STANDARD PLAN	363.30	432.10	795.40	900.59	1,052.91	1,953.50
STANDARD PLAN 2	363.30	137.40	500.70	900.59	316.21	1,216.80
21 FOREST						
* COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80
22 GRANT						
DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
GUNDERSEN LUTHERAN	351.33	56.87	408.20	870.66	142.54	1,013.20
MEDICAL ASSOCIATES HMO	334.60	0.00	334.60	829.20	0.00	829.20
UNITY-COMMUNITY	351.33	34.07	385.40	870.66	85.54	956.20
STANDARD PLAN	351.33	444.07	795.40	870.66	1,082.84	1,953.50
STANDARD PLAN 2	351.33	149.37	500.70	870.66	346.14	1,216.80
23 GREEN						
DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
* MERCYCARE HEALTH PLAN	320.20	0.00	320.20	793.20	0.00	793.20
UNITY-COMMUNITY	363.30	22.10	385.40	900.59	55.61	956.20
STANDARD PLAN	363.30	432.10	795.40	900.59	1,052.91	1,953.50
STANDARD PLAN 2	363.30	137.40	500.70	900.59	316.21	1,216.80
24 GREEN LAKE						
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
NETWORK-FOX VALLEY	354.60	0.00	354.60	879.20	0.00	879.20
TOUCHPOINT HEALTH PLAN	372.33	2.57	374.90	923.16	6.74	929.90
STANDARD PLAN	372.33	423.07	795.40	923.16	1,030.34	1,953.50
STANDARD PLAN 2	372.33	128.37	500.70	923.16	293.64	1,216.80
25 IOWA						
DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
MEDICAL ASSOCIATES HMO	334.60	0.00	334.60	829.20	0.00	829.20
PHYSICIANS PLUS - SC	351.33	18.97	370.30	870.66	47.74	918.40
* UNITY-COMMUNITY	351.33	34.07	385.40	870.66	85.54	956.20
STANDARD PLAN	351.33	444.07	795.40	870.66	1,082.84	1,953.50
STANDARD PLAN 2	351.33	149.37	500.70	870.66	346.14	1,216.80

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PLAN BY COUNTY	SINGLE			FAMILY		
	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
26 IRON						
* COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
* HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80
27 JACKSON						
* ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
GUNDERSEN LUTHERAN	408.20	0.00	408.20	1,013.20	0.00	1,013.20
HEALTH TRADITION	417.50	0.00	417.50	1,036.40	0.00	1,036.40
STANDARD PLAN	428.61	366.79	795.40	1,063.86	889.64	1,953.50
STANDARD PLAN 2	428.61	72.09	500.70	1,063.86	152.94	1,216.80
28 JEFFERSON						
DEAN HEALTH PLAN	336.21	9.79	346.00	832.86	24.84	857.70
HUMANA-EASTERN	336.21	60.99	397.20	832.86	152.74	985.60
MERCYCARE HEALTH PLAN	320.20	0.00	320.20	793.20	0.00	793.20
* UNITY-COMMUNITY	336.21	49.19	385.40	832.86	123.34	956.20
STANDARD PLAN	336.21	459.19	795.40	832.86	1,120.64	1,953.50
STANDARD PLAN 2	336.21	164.49	500.70	832.86	383.94	1,216.80
29 JUNEAU						
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
GUNDERSEN LUTHERAN	404.67	3.53	408.20	1,004.01	9.19	1,013.20
* HEALTH TRADITION	404.67	12.83	417.50	1,004.01	32.39	1,036.40
UNITY-COMMUNITY	385.40	0.00	385.40	956.20	0.00	956.20
STANDARD PLAN	404.67	390.73	795.40	1,004.01	949.49	1,953.50
STANDARD PLAN 2	404.67	96.03	500.70	1,004.01	212.79	1,216.80
30 KENOSHA						
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
HUMANA-EASTERN	397.20	0.00	397.20	985.60	0.00	985.60
STANDARD PLAN	417.06	378.34	795.40	1,034.88	918.62	1,953.50
STANDARD PLAN 2	417.06	83.64	500.70	1,034.88	181.92	1,216.80
31 KEWAUNEE						
* PREVEA HEALTH PLAN	468.80	0.00	468.80	1,164.60	0.00	1,164.60
* TOUCHPOINT HEALTH PLAN	374.90	0.00	374.90	929.90	0.00	929.90
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80
32 LA CROSSE						
GUNDERSEN LUTHERAN	408.20	0.00	408.20	1,013.20	0.00	1,013.20
HEALTH TRADITION	417.50	0.00	417.50	1,036.40	0.00	1,036.40
STANDARD PLAN	428.61	366.79	795.40	1,063.86	889.64	1,953.50
STANDARD PLAN 2	428.61	72.09	500.70	1,063.86	152.94	1,216.80
33 LAFAYETTE						
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
MEDICAL ASSOCIATES HMO	334.60	0.00	334.60	829.20	0.00	829.20
STANDARD PLAN	351.33	444.07	795.40	870.66	1,082.84	1,953.50
STANDARD PLAN 2	351.33	149.37	500.70	870.66	346.14	1,216.80
34 LANGLADE						
COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
STANDARD PLAN	447.20	348.20	795.40	1,110.27	843.23	1,953.50
STANDARD PLAN 2	447.20	53.50	500.70	1,110.27	106.53	1,216.80
35 LINCOLN						
* COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80

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	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
36 MANITOWOC						
* COMPCAREBLUE NORTHEAST	388.00	0.00	388.00	962.70	0.00	962.70
* HUMANA-EASTERN	397.20	0.00	397.20	985.60	0.00	985.60
* NETWORK-FOX VALLEY	354.60	0.00	354.60	879.20	0.00	879.20
PREVEA HEALTH PLAN	468.80	0.00	468.80	1,164.60	0.00	1,164.60
STANDARD PLAN	492.24	303.16	795.40	1,222.83	730.67	1,953.50
STANDARD PLAN 2	492.24	8.46	500.70	1,216.80	0.00	1,216.80
37 MARATHON						
COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
STANDARD PLAN	447.20	348.20	795.40	1,110.27	843.23	1,953.50
STANDARD PLAN 2	447.20	53.50	500.70	1,110.27	106.53	1,216.80
38 MARINETTE						
* HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
* PREVEA HEALTH PLAN	468.80	0.00	468.80	1,164.60	0.00	1,164.60
* TOUCHPOINT HEALTH PLAN	374.90	0.00	374.90	929.90	0.00	929.90
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80
39 MARQUETTE						
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
* NETWORK-FOX VALLEY	354.60	0.00	354.60	879.20	0.00	879.20
* UNITY-COMMUNITY	385.40	0.00	385.40	956.20	0.00	956.20
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80
72 MENOMINEE						
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80
40 MILWAUKEE						
COMPCAREBLUE - AURORA/FAMILY	358.70	0.00	358.70	889.40	0.00	889.40
HUMANA-EASTERN	376.64	20.56	397.20	933.87	51.73	985.60
STANDARD PLAN	376.64	418.76	795.40	933.87	1,019.63	1,953.50
STANDARD PLAN 2	376.64	124.06	500.70	933.87	282.93	1,216.80
41 MONROE						
GUNDERSEN LUTHERAN	408.20	0.00	408.20	1,013.20	0.00	1,013.20
HEALTH TRADITION	417.50	0.00	417.50	1,036.40	0.00	1,036.40
STANDARD PLAN	428.61	366.79	795.40	1,063.86	889.64	1,953.50
STANDARD PLAN 2	428.61	72.09	500.70	1,063.86	152.94	1,216.80
42 OCONTO						
* COMPCAREBLUE NORTHEAST	388.00	0.00	388.00	962.70	0.00	962.70
* PREVEA HEALTH PLAN	393.65	75.15	468.80	976.40	188.20	1,164.60
TOUCHPOINT HEALTH PLAN	374.90	0.00	374.90	929.90	0.00	929.90
STANDARD PLAN	393.65	401.75	795.40	976.40	977.10	1,953.50
STANDARD PLAN 2	393.65	107.05	500.70	976.40	240.40	1,216.80
43 ONEIDA						
COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
STANDARD PLAN	447.20	348.20	795.40	1,110.27	843.23	1,953.50
STANDARD PLAN 2	447.20	53.50	500.70	1,110.27	106.53	1,216.80
44 OUTAGAMIE						
NETWORK-FOX VALLEY	354.60	0.00	354.60	879.20	0.00	879.20
* PREVEA HEALTH PLAN	372.33	96.47	468.80	923.16	241.44	1,164.60
TOUCHPOINT HEALTH PLAN	372.33	2.57	374.90	923.16	6.74	929.90
STANDARD PLAN	372.33	423.07	795.40	923.16	1,030.34	1,953.50
STANDARD PLAN 2	372.33	128.37	500.70	923.16	293.64	1,216.80
45 OZAUKEE						
HUMANA-EASTERN	397.20	0.00	397.20	985.60	0.00	985.60
STANDARD PLAN	417.06	378.34	795.40	1,034.88	918.62	1,953.50
STANDARD PLAN 2	417.06	83.64	500.70	1,034.88	181.92	1,216.80

*Plan's monthly premium not used to calculate the "State Pays" amount due to limited provider availability. Standard Plan 2 and SMP premiums are not used in any county "State Pays" calculation.
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GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR FULL TIME EMPLOYEES						
PLAN BY COUNTY	SINGLE			FAMILY		
	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
46 PEPIN						
* COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
* HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
* VALLEY HEALTH PLAN	450.70	0.00	450.70	1,119.40	0.00	1,119.40
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80
47 PIERCE						
* ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
* COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
* HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
* VALLEY HEALTH PLAN	450.70	0.00	450.70	1,119.40	0.00	1,119.40
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80
48 POLK						
ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
* COMPCAREBLUE NORTH	412.97	12.93	425.90	1,024.70	32.70	1,057.40
HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
* VALLEY HEALTH PLAN	412.97	37.73	450.70	1,024.70	94.70	1,119.40
STANDARD PLAN	412.97	382.43	795.40	1,024.70	928.80	1,953.50
STANDARD PLAN 2	412.97	87.73	500.70	1,024.70	192.10	1,216.80
49 PORTAGE						
COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
STANDARD PLAN	447.20	348.20	795.40	1,110.27	843.23	1,953.50
STANDARD PLAN 2	447.20	53.50	500.70	1,110.27	106.53	1,216.80
50 PRICE						
COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
STANDARD PLAN	447.20	348.20	795.40	1,110.27	843.23	1,953.50
STANDARD PLAN 2	447.20	53.50	500.70	1,110.27	106.53	1,216.80
51 RACINE						
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
HUMANA-EASTERN	397.20	0.00	397.20	985.60	0.00	985.60
STANDARD PLAN	417.06	378.34	795.40	1,034.88	918.62	1,953.50
STANDARD PLAN 2	417.06	83.64	500.70	1,034.88	181.92	1,216.80
52 RICHLAND						
DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
GUNDERSEN LUTHERAN	363.30	44.90	408.20	900.59	112.61	1,013.20
PHYSICIANS PLUS - SC	363.30	7.00	370.30	900.59	17.81	918.40
UNITY-COMMUNITY	363.30	22.10	385.40	900.59	55.61	956.20
STANDARD PLAN	363.30	432.10	795.40	900.59	1,052.91	1,953.50
STANDARD PLAN 2	363.30	137.40	500.70	900.59	316.21	1,216.80
53 ROCK						
DEAN HEALTH PLAN	336.21	9.79	346.00	832.86	24.84	857.70
* HUMANA-EASTERN	336.21	60.99	397.20	832.86	152.74	985.60
MERCYCARE HEALTH PLAN	320.20	0.00	320.20	793.20	0.00	793.20
* PHYSICIANS PLUS - SC	336.21	34.09	370.30	832.86	85.54	918.40
STANDARD PLAN	336.21	459.19	795.40	832.86	1,120.64	1,953.50
STANDARD PLAN 2	336.21	164.49	500.70	832.86	383.94	1,216.80
54 RUSK						
* GHC-EAU CLAIRE	414.90	0.00	414.90	1,029.90	0.00	1,029.90
* VALLEY HEALTH PLAN	450.70	0.00	450.70	1,119.40	0.00	1,119.40
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80

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GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR FULL TIME EMPLOYEES						
PLAN BY COUNTY	SINGLE			FAMILY		
	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
56 SAUK						
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
* GUNDERSEN LUTHERAN	363.30	44.90	408.20	900.59	112.61	1,013.20
PHYSICIANS PLUS - SC	363.30	7.00	370.30	900.59	17.81	918.40
UNITY-COMMUNITY	363.30	22.10	385.40	900.59	55.61	956.20
STANDARD PLAN	363.30	432.10	795.40	900.59	1,052.91	1,953.50
STANDARD PLAN 2	363.30	137.40	500.70	900.59	316.21	1,216.80
57 SAWYER						
ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
* COMPCAREBLUE NORTH	412.97	12.93	425.90	1,024.70	32.70	1,057.40
* GHC-EAU CLAIRE	412.97	1.93	414.90	1,024.70	5.20	1,029.90
* HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
STANDARD PLAN	412.97	382.43	795.40	1,024.70	928.80	1,953.50
STANDARD PLAN 2	412.97	87.73	500.70	1,024.70	192.10	1,216.80
58 SHAWANO						
* NETWORK-FOX VALLEY	354.60	0.00	354.60	879.20	0.00	879.20
TOUCHPOINT HEALTH PLAN	374.90	0.00	374.90	929.90	0.00	929.90
STANDARD PLAN	393.65	401.75	795.40	976.40	977.10	1,953.50
STANDARD PLAN 2	393.65	107.05	500.70	976.40	240.40	1,216.80
59 SHEBOYGAN						
COMPCAREBLUE NORTHEAST	388.00	0.00	388.00	962.70	0.00	962.70
* HUMANA-EASTERN	397.20	0.00	397.20	985.60	0.00	985.60
* NETWORK-FOX VALLEY	354.60	0.00	354.60	879.20	0.00	879.20
STANDARD PLAN	407.40	388.00	795.40	1,010.84	942.66	1,953.50
STANDARD PLAN 2	407.40	93.30	500.70	1,010.84	205.96	1,216.80
55 ST CROIX						
* ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
* COMPCAREBLUE NORTH	412.97	12.93	425.90	1,024.70	32.70	1,057.40
* HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
* VALLEY HEALTH PLAN	412.97	37.73	450.70	1,024.70	94.70	1,119.40
STANDARD PLAN	412.97	382.43	795.40	1,024.70	928.80	1,953.50
STANDARD PLAN 2	412.97	87.73	500.70	1,024.70	192.10	1,216.80
60 TAYLOR						
COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
STANDARD PLAN	447.20	348.20	795.40	1,110.27	843.23	1,953.50
STANDARD PLAN 2	447.20	53.50	500.70	1,110.27	106.53	1,216.80
61 TREMPLEALEU						
* GHC-EAU CLAIRE	414.90	0.00	414.90	1,029.90	0.00	1,029.90
* GUNDERSEN LUTHERAN	408.20	0.00	408.20	1,013.20	0.00	1,013.20
* HEALTH TRADITION	417.50	0.00	417.50	1,036.40	0.00	1,036.40
* HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
* VALLEY HEALTH PLAN	428.61	22.09	450.70	1,063.86	55.54	1,119.40
STANDARD PLAN	428.61	366.79	795.40	1,063.86	889.64	1,953.50
STANDARD PLAN 2	428.61	72.09	500.70	1,063.86	152.94	1,216.80
62 VERNON						
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
* GUNDERSEN LUTHERAN	408.20	0.00	408.20	1,013.20	0.00	1,013.20
* HEALTH TRADITION	417.50	0.00	417.50	1,036.40	0.00	1,036.40
* UNITY-COMMUNITY	385.40	0.00	385.40	956.20	0.00	956.20
STANDARD PLAN	428.61	366.79	795.40	1,063.86	889.64	1,953.50
STANDARD PLAN 2	428.61	72.09	500.70	1,063.86	152.94	1,216.80
63 VILAS						
COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
STANDARD PLAN	447.20	348.20	795.40	1,110.27	843.23	1,953.50
STANDARD PLAN 2	447.20	53.50	500.70	1,110.27	106.53	1,216.80

*Plan's monthly premium not used to calculate the "State Pays" amount due to limited provider availability. Standard Plan 2 and SMP premiums are not used in any county "State Pays" calculation.
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GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR FULL TIME EMPLOYEES						
PLAN BY COUNTY	SINGLE			FAMILY		
	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
64 WALWORTH						
* DEAN HEALTH PLAN	336.21	9.79	346.00	832.86	24.84	857.70
* HUMANA-EASTERN	336.21	60.99	397.20	832.86	152.74	985.60
MERCYCARE HEALTH PLAN	320.20	0.00	320.20	793.20	0.00	793.20
STANDARD PLAN	336.21	459.19	795.40	832.86	1,120.64	1,953.50
STANDARD PLAN 2	336.21	164.49	500.70	832.86	383.94	1,216.80
65 WASHBURN						
ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
COMPCAREBLUE NORTH	412.97	12.93	425.90	1,024.70	32.70	1,057.40
HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
STANDARD PLAN	412.97	382.43	795.40	1,024.70	928.80	1,953.50
STANDARD PLAN 2	412.97	87.73	500.70	1,024.70	192.10	1,216.80
66 WASHINGTON						
HUMANA-EASTERN	397.20	0.00	397.20	985.60	0.00	985.60
STANDARD PLAN	417.06	378.34	795.40	1,034.88	918.62	1,953.50
STANDARD PLAN 2	417.06	83.64	500.70	1,034.88	181.92	1,216.80
67 WAUKESHA						
* COMPCAREBLUE - AURORA/FAMILY	358.70	0.00	358.70	889.40	0.00	889.40
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
HUMANA-EASTERN	397.20	0.00	397.20	985.60	0.00	985.60
STANDARD PLAN	417.06	378.34	795.40	1,034.88	918.62	1,953.50
STANDARD PLAN 2	417.06	83.64	500.70	1,034.88	181.92	1,216.80
68 WAUPACA						
* COMPCAREBLUE NORTH	327.33	53.57	425.90	923.16	134.24	1,057.40
NETWORK-FOX VALLEY	354.60	0.00	354.60	879.20	0.00	879.20
TOUCHPOINT HEALTH PLAN	372.33	2.57	374.90	923.16	6.74	929.90
STANDARD PLAN	372.33	423.07	795.40	923.16	1,030.34	1,953.50
STANDARD PLAN 2	372.33	128.37	500.70	923.16	293.64	1,216.80
69 WAUSHARA						
NETWORK-FOX VALLEY	354.60	0.00	354.60	879.20	0.00	879.20
TOUCHPOINT HEALTH PLAN	372.33	2.57	374.90	923.16	6.74	929.90
STANDARD PLAN	372.33	423.07	795.40	923.16	1,030.34	1,953.50
STANDARD PLAN 2	372.33	128.37	500.70	923.16	293.64	1,216.80
70 WINNEBAGO						
NETWORK-FOX VALLEY	354.60	0.00	354.60	879.20	0.00	879.20
TOUCHPOINT HEALTH PLAN	372.33	2.57	374.90	923.16	6.74	929.90
STANDARD PLAN	372.33	423.07	795.40	923.16	1,030.34	1,953.50
STANDARD PLAN 2	372.33	128.37	500.70	923.16	293.64	1,216.80
71 WOOD						
COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
STANDARD PLAN	447.20	348.20	795.40	1,110.27	843.23	1,953.50
STANDARD PLAN 2	447.20	53.50	500.70	1,110.27	106.53	1,216.80
99 OUT OF STATE						
* ATRIUM HEALTH PLAN	393.30	0.00	393.30	975.90	0.00	975.90
* COMPCAREBLUE NORTH	425.90	0.00	425.90	1,057.40	0.00	1,057.40
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
* GUNDERSEN LUTHERAN	408.20	0.00	408.20	1,013.20	0.00	1,013.20
* HEALTH TRADITION	417.50	0.00	417.50	1,036.40	0.00	1,036.40
* HUMANA-EASTERN	397.20	0.00	397.20	985.60	0.00	985.60
* HUMANA-WESTERN	400.40	0.00	400.40	993.60	0.00	993.60
* MEDICAL ASSOCIATES HMO	334.60	0.00	334.60	829.20	0.00	829.20
* MERCYCARE HEALTH PLAN	320.20	0.00	320.20	793.20	0.00	793.20
* PREVEA HEALTH PLAN	468.80	0.00	468.80	1,164.60	0.00	1,164.60
STANDARD PLAN	715.86	79.54	795.40	1,758.15	195.35	1,953.50
STANDARD PLAN 2	500.70	0.00	500.70	1,216.80	0.00	1,216.80
* STATE MAINTENANCE PLAN	715.80	0.00	715.80	1,758.10	0.00	1,758.10

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.