

GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES						
PLAN BY COUNTY	SINGLE			FAMILY		
	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
01 ADAMS						
UNITY-COMMUNITY STANDARD PLAN	202.34	183.06	385.40	502.01	454.19	956.20
STANDARD PLAN 2	202.34	593.06	795.40	502.01	1,451.49	1,953.50
	202.34	298.36	500.70	502.01	714.79	1,216.80
02 ASHLAND						
* ATRIUM HEALTH PLAN	223.60	169.70	393.30	555.14	420.76	975.90
COMPCAREBLUE NORTH	223.60	202.30	425.90	555.14	502.26	1,057.40
* HUMANA-WESTERN STANDARD PLAN	223.60	176.80	400.40	555.14	438.46	993.60
STANDARD PLAN 2	223.60	571.80	795.40	555.14	1,398.36	1,953.50
	223.60	277.10	500.70	555.14	661.66	1,216.80
03 BARRON						
ATRIUM HEALTH PLAN	206.48	186.82	393.30	512.35	463.55	975.90
GHC-EAU CLAIRE	206.48	208.42	414.90	512.35	517.55	1,029.90
HUMANA-WESTERN	206.48	193.92	400.40	512.35	481.25	993.60
* VALLEY HEALTH PLAN	206.48	244.22	450.70	512.35	607.05	1,119.40
STANDARD PLAN	206.48	588.92	795.40	512.35	1,441.15	1,953.50
STANDARD PLAN 2	206.48	294.22	500.70	512.35	704.45	1,216.80
04 BAYFIELD						
* ATRIUM HEALTH PLAN	357.93	35.37	393.30	879.08	96.82	975.90
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	1,758.10
STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	1,216.80
05 BROWN						
COMPCAREBLUE NORTHEAST	196.82	191.18	388.00	488.20	474.50	962.70
PREVEA HEALTH PLAN	196.82	271.98	468.80	488.20	676.40	1,164.60
TOUCHPOINT HEALTH PLAN	196.82	178.08	374.90	488.20	441.70	929.90
STANDARD PLAN	196.82	598.58	795.40	488.20	1,465.30	1,953.50
STANDARD PLAN 2	196.82	303.88	500.70	488.20	728.60	1,216.80
06 BUFFALO						
* HEALTH TRADITION	357.93	59.57	417.50	879.08	157.32	1,036.40
* HUMANA-WESTERN	357.93	42.47	400.40	879.08	114.52	993.60
* VALLEY HEALTH PLAN	357.93	92.77	450.70	879.08	240.32	1,119.40
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	1,758.10
STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	1,216.80
07 BURNETT						
ATRIUM HEALTH PLAN	206.48	186.82	393.30	512.35	463.55	975.90
* COMPCAREBLUE NORTH	206.48	219.42	425.90	512.35	545.05	1,057.40
HUMANA-WESTERN	206.48	193.92	400.40	512.35	481.25	993.60
STANDARD PLAN	206.48	588.92	795.40	512.35	1,441.15	1,953.50
STANDARD PLAN 2	206.48	294.22	500.70	512.35	704.45	1,216.80
08 CALUMET						
* HUMANA-EASTERN	186.17	211.03	397.20	461.58	524.02	985.60
NETWORK-FOX VALLEY	186.17	168.43	354.60	461.58	417.62	879.20
TOUCHPOINT HEALTH PLAN	186.17	188.73	374.90	461.58	468.32	929.90
STANDARD PLAN	186.17	609.23	795.40	461.58	1,491.92	1,953.50
STANDARD PLAN 2	186.17	314.53	500.70	461.58	755.22	1,216.80
09 CHIPPEWA						
ATRIUM HEALTH PLAN	206.48	186.82	393.30	512.35	463.55	975.90
GHC-EAU CLAIRE	206.48	208.42	414.90	512.35	517.55	1,029.90
HUMANA-WESTERN	206.48	193.92	400.40	512.35	481.25	993.60
VALLEY HEALTH PLAN	206.48	244.22	450.70	512.35	607.05	1,119.40
STANDARD PLAN	206.48	588.92	795.40	512.35	1,441.15	1,953.50
STANDARD PLAN 2	206.48	294.22	500.70	512.35	704.45	1,216.80

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		SINGLE			FAMILY		
PLAN BY COUNTY		STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
10 CLARK	COMPCAREBLUE NORTH	223.60	202.30	425.90	555.14	502.26	1,057.40
	* GHC-EAU CLAIRE	223.60	191.30	414.90	555.14	474.76	1,029.90
	STANDARD PLAN	223.60	571.80	795.40	555.14	1,398.36	1,953.50
	STANDARD PLAN 2	223.60	277.10	500.70	555.14	661.66	1,216.80
11 COLUMBIA	DEAN HEALTH PLAN	181.65	164.35	346.00	450.29	407.41	857.70
	* NETWORK-FOX VALLEY	181.65	172.95	354.60	450.29	428.91	879.20
	PHYSICIANS PLUS - SC	181.65	188.65	370.30	450.29	468.11	918.40
	UNITY-COMMUNITY	181.65	203.75	385.40	450.29	505.91	956.20
	STANDARD PLAN	181.65	613.75	795.40	450.29	1,503.21	1,953.50
	STANDARD PLAN 2	181.65	319.05	500.70	450.29	766.51	1,216.80
12 CRAWFORD	DEAN HEALTH PLAN	175.67	232.53	408.20	435.33	577.87	1,013.20
	* HEALTH TRADITION	175.67	241.83	417.50	435.33	601.07	1,036.40
	MEDICAL ASSOCIATES HMO	175.67	158.93	334.60	435.33	393.87	829.20
	* UNITY-COMMUNITY	175.67	209.73	385.40	435.33	520.87	956.20
	STANDARD PLAN	175.67	619.73	795.40	435.33	1,518.17	1,953.50
	STANDARD PLAN 2	175.67	325.03	500.70	435.33	781.47	1,216.80
13 DANE	DEAN HEALTH PLAN	175.35	170.65	346.00	434.54	423.16	857.70
	* GHC-SOUTH CENTRAL	175.35	158.65	334.00	434.54	393.16	827.70
	HUMANA-EASTERN	175.35	221.85	397.20	434.54	551.06	985.60
	* MERCYCARE HEALTH PLAN	175.35	144.85	320.20	434.54	358.66	793.20
	PHYSICIANS PLUS - SC	175.35	194.95	370.30	434.54	483.86	918.40
	UNITY-UW HEALTH	175.35	170.95	346.30	434.54	423.86	858.40
	STANDARD PLAN	175.35	620.05	795.40	434.54	1,518.96	1,953.50
	STANDARD PLAN 2	175.35	325.35	500.70	434.54	782.26	1,216.80
14 DODGE	COMPCAREBLUE NORTHEAST	181.65	206.35	388.00	450.29	512.41	962.70
	DEAN HEALTH PLAN	181.65	164.35	346.00	450.29	407.41	857.70
	HUMANA-EASTERN	181.65	215.55	397.20	450.29	535.31	985.60
	* NETWORK-FOX VALLEY	181.65	172.95	354.60	450.29	428.91	879.20
	* UNITY-COMMUNITY	181.65	203.75	385.40	450.29	505.91	956.20
	STANDARD PLAN	181.65	613.75	795.40	450.29	1,503.21	1,953.50
	STANDARD PLAN 2	181.65	319.05	500.70	450.29	766.51	1,216.80
15 DOOR	PREVEA HEALTH PLAN	196.82	271.98	468.80	488.20	676.40	1,164.60
	TOUCHPOINT HEALTH PLAN	196.82	178.08	374.90	488.20	441.70	929.90
	STANDARD PLAN	196.82	598.58	795.40	488.20	1,465.30	1,953.50
	STANDARD PLAN 2	196.82	303.88	500.70	488.20	728.60	1,216.80
16 DOUGLAS	ATRIUM HEALTH PLAN	206.48	186.82	393.30	512.35	463.55	975.90
	COMPCAREBLUE NORTH	206.48	219.42	425.90	512.35	545.05	1,057.40
	HUMANA-WESTERN	206.48	193.92	400.40	512.35	481.25	993.60
	STANDARD PLAN	206.48	588.92	795.40	512.35	1,441.15	1,953.50
	STANDARD PLAN 2	206.48	294.22	500.70	512.35	704.45	1,216.80
17 DUNN	* GHC-EAU CLAIRE	210.21	204.69	414.90	521.64	508.26	1,029.90
	HUMANA-WESTERN	210.21	190.19	400.40	521.64	471.96	993.60
	* VALLEY HEALTH PLAN	210.21	240.49	450.70	521.64	597.76	1,119.40
	STANDARD PLAN	210.21	585.19	795.40	521.64	1,431.86	1,953.50
	STANDARD PLAN 2	210.21	290.49	500.70	521.64	695.16	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	206.48	186.82	393.30	512.35	463.55	975.90
GHC-EAU CLAIRE	206.48	208.42	414.90	512.35	517.55	1,029.90
HUMANA-WESTERN	206.48	193.92	400.40	512.35	481.25	993.60
VALLEY HEALTH PLAN	206.48	244.22	450.70	512.35	607.05	1,119.40
STANDARD PLAN	206.48	588.92	795.40	512.35	1,441.15	1,953.50
STANDARD PLAN 2	206.48	294.22	500.70	512.35	704.45	1,216.80
19 FLORENCE						
* HUMANA-WESTERN	357.93	42.47	400.40	879.08	114.52	993.60
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	1,758.10
STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	1,216.80
20 FOND DU LAC						
COMPCAREBLUE NORTHEAST	181.65	206.35	388.00	450.29	512.41	962.70
DEAN HEALTH PLAN	181.65	164.35	346.00	450.29	407.41	857.70
HUMANA-EASTERN	181.65	215.55	397.20	450.29	535.31	985.60
NETWORK-FOX VALLEY	181.65	172.95	354.60	450.29	428.91	879.20
* TOUCHPOINT HEALTH PLAN	181.65	193.25	374.90	450.29	479.61	929.90
STANDARD PLAN	181.65	613.75	795.40	450.29	1,503.21	1,953.50
STANDARD PLAN 2	181.65	319.05	500.70	450.29	766.51	1,216.80
21 FOREST						
* COMPCAREBLUE NORTH	357.93	67.97	425.90	879.08	178.32	1,057.40
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	1,758.10
STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	1,216.80
22 GRANT						
DEAN HEALTH PLAN	175.67	170.33	346.00	435.33	422.37	857.70
GUNDERSEN LUTHERAN	175.67	232.53	408.20	435.33	577.87	1,013.20
MEDICAL ASSOCIATES HMO	175.67	158.93	334.60	435.33	393.87	829.20
UNITY-COMMUNITY	175.67	209.73	385.40	435.33	520.87	956.20
STANDARD PLAN	175.67	619.73	795.40	435.33	1,518.17	1,953.50
STANDARD PLAN 2	175.67	325.03	500.70	435.33	781.47	1,216.80
23 GREEN						
DEAN HEALTH PLAN	181.65	164.35	346.00	450.29	407.41	857.70
* MERCYCARE HEALTH PLAN	181.65	138.55	320.20	450.29	342.91	793.20
UNITY-COMMUNITY	181.65	203.75	385.40	450.29	505.91	956.20
STANDARD PLAN	181.65	613.75	795.40	450.29	1,503.21	1,953.50
STANDARD PLAN 2	181.65	319.05	500.70	450.29	766.51	1,216.80
24 GREEN LAKE						
* DEAN HEALTH PLAN	186.17	159.83	346.00	461.58	396.12	857.70
NETWORK-FOX VALLEY	186.17	168.43	354.60	461.58	417.62	879.20
TOUCHPOINT HEALTH PLAN	186.17	188.73	374.90	461.58	468.32	929.90
STANDARD PLAN	186.17	609.23	795.40	461.58	1,491.92	1,953.50
STANDARD PLAN 2	186.17	314.53	500.70	461.58	755.22	1,216.80
25 IOWA						
DEAN HEALTH PLAN	175.67	170.33	346.00	435.33	422.37	857.70
MEDICAL ASSOCIATES HMO	175.67	158.93	334.60	435.33	393.87	829.20
PHYSICIANS PLUS - SC	175.67	194.63	370.30	435.33	483.07	918.40
* UNITY-COMMUNITY	175.67	209.73	385.40	435.33	520.87	956.20
STANDARD PLAN	175.67	619.73	795.40	435.33	1,518.17	1,953.50
STANDARD PLAN 2	175.67	325.03	500.70	435.33	781.47	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	357.93	67.97	425.90	879.08	178.32	1,057.40
* HUMANA-WESTERN	357.93	42.47	400.40	879.08	114.52	993.60
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	1,758.10
STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	1,216.80
27 JACKSON						
* ATRIUM HEALTH PLAN	214.31	178.99	393.30	531.93	443.97	975.90
GUNDERSEN LUTHERAN	214.31	193.89	408.20	531.93	481.27	1,013.20
HEALTH TRADITION	214.31	203.19	417.50	531.93	504.47	1,036.40
STANDARD PLAN	214.31	581.09	795.40	531.93	1,421.57	1,953.50
STANDARD PLAN 2	214.31	286.39	500.70	531.93	684.87	1,216.80
28 JEFFERSON						
DEAN HEALTH PLAN	168.11	177.89	346.00	416.43	441.27	857.70
HUMANA-EASTERN	168.11	229.09	397.20	416.43	569.17	985.60
MERCYCARE HEALTH PLAN	168.11	152.09	320.20	416.43	376.77	793.20
* UNITY-COMMUNITY	168.11	217.29	385.40	416.43	539.77	956.20
STANDARD PLAN	168.11	627.29	795.40	416.43	1,537.07	1,953.50
STANDARD PLAN 2	168.11	332.59	500.70	416.43	800.37	1,216.80
29 JUNEAU						
* DEAN HEALTH PLAN	202.34	143.66	346.00	502.01	355.69	857.70
GUNDERSEN LUTHERAN	202.34	205.86	408.20	502.01	511.19	1,013.20
* HEALTH TRADITION	202.34	215.16	417.50	502.01	534.39	1,036.40
UNITY-COMMUNITY	202.34	183.06	385.40	502.01	454.19	956.20
STANDARD PLAN	202.34	593.06	795.40	502.01	1,451.49	1,953.50
STANDARD PLAN 2	202.34	298.36	500.70	502.01	714.79	1,216.80
30 KENOSHA						
* DEAN HEALTH PLAN	208.53	137.47	346.00	517.44	340.26	857.70
HUMANA-EASTERN	208.53	188.67	397.20	517.44	468.16	985.60
STANDARD PLAN	208.53	586.87	795.40	517.44	1,436.06	1,953.50
STANDARD PLAN 2	208.53	292.17	500.70	517.44	699.36	1,216.80
31 KEWAUNEE						
* PREVEA HEALTH PLAN	357.93	110.87	468.80	879.08	285.52	1,164.60
* TOUCHPOINT HEALTH PLAN	357.93	16.97	374.90	879.08	50.82	929.90
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	1,758.10
STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	1,216.80
32 LA CROSSE						
GUNDERSEN LUTHERAN	214.31	193.89	408.20	531.93	481.27	1,013.20
HEALTH TRADITION	214.31	203.19	417.50	531.93	504.47	1,036.40
STANDARD PLAN	214.31	581.09	795.40	531.93	1,421.57	1,953.50
STANDARD PLAN 2	214.31	286.39	500.70	531.93	684.87	1,216.80
33 LAFAYETTE						
* DEAN HEALTH PLAN	175.67	170.33	346.00	435.33	422.37	857.70
MEDICAL ASSOCIATES HMO	175.67	158.93	334.60	435.33	393.87	829.20
STANDARD PLAN	175.67	619.73	795.40	435.33	1,518.17	1,953.50
STANDARD PLAN 2	175.67	325.03	500.70	435.33	781.47	1,216.80
34 LANGLADE						
COMPCAREBLUE NORTH	223.60	202.30	425.90	555.14	502.26	1,057.40
STANDARD PLAN	223.60	571.80	795.40	555.14	1,398.36	1,953.50
STANDARD PLAN 2	223.60	277.10	500.70	555.14	661.66	1,216.80
35 LINCOLN						
* COMPCAREBLUE NORTH	357.93	67.97	425.90	879.08	178.32	1,057.40
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	1,758.10
STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	1,216.80

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PLAN BY COUNTY	SINGLE			FAMILY		
	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
36 MANITOWOC						
* COMPCAREBLUE NORTHEAST	246.12	141.88	388.00	611.42	351.28	962.70
* HUMANA-EASTERN	246.12	151.08	397.20	611.42	374.18	985.60
* NETWORK-FOX VALLEY	246.12	108.48	354.60	611.42	267.78	879.20
PREVEA HEALTH PLAN	246.12	222.68	468.80	611.42	553.18	1,164.60
STANDARD PLAN	246.12	549.28	795.40	611.42	1,342.08	1,953.50
STANDARD PLAN 2	246.12	254.58	500.70	611.42	605.38	1,216.80
37 MARATHON						
COMPCAREBLUE NORTH	223.60	202.30	425.90	555.14	502.26	1,057.40
STANDARD PLAN	223.60	571.80	795.40	555.14	1,398.36	1,953.50
STANDARD PLAN 2	223.60	277.10	500.70	555.14	661.66	1,216.80
38 MARINETTE						
* HUMANA-WESTERN	357.93	42.47	400.40	879.08	114.52	993.60
* PREVEA HEALTH PLAN	357.93	110.87	468.80	879.08	285.52	1,164.60
* TOUCHPOINT HEALTH PLAN	357.93	16.97	374.90	879.08	50.82	929.90
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	1,758.10
STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	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	879.08	0.12	879.20
* UNITY-COMMUNITY	357.93	27.47	385.40	879.08	77.12	956.20
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	1,758.10
STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	1,216.80
72 MENOMINEE						
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	1,758.10
STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	1,216.80
40 MILWAUKEE						
COMPCAREBLUE - AURORA/FAMILY	188.32	170.38	358.70	466.94	422.46	889.40
HUMANA-EASTERN	188.32	208.88	397.20	466.94	518.66	985.60
STANDARD PLAN	188.32	607.08	795.40	466.94	1,486.56	1,953.50
STANDARD PLAN 2	188.32	312.38	500.70	466.94	749.86	1,216.80
41 MONROE						
GUNDERSEN LUTHERAN	214.31	193.89	408.20	531.93	481.27	1,013.20
HEALTH TRADITION	214.31	203.19	417.50	531.93	504.47	1,036.40
STANDARD PLAN	214.31	581.09	795.40	531.93	1,421.57	1,953.50
STANDARD PLAN 2	214.31	286.39	500.70	531.93	684.87	1,216.80
42 OCONTO						
* COMPCAREBLUE NORTHEAST	196.82	191.18	388.00	488.20	474.50	962.70
* PREVEA HEALTH PLAN	196.82	271.98	468.80	488.20	676.40	1,164.60
TOUCHPOINT HEALTH PLAN	196.82	178.08	374.90	488.20	441.70	929.90
STANDARD PLAN	196.82	598.58	795.40	488.20	1,465.30	1,953.50
STANDARD PLAN 2	196.82	303.88	500.70	488.20	728.60	1,216.80
43 ONEIDA						
COMPCAREBLUE NORTH	223.60	202.30	425.90	555.14	502.26	1,057.40
STANDARD PLAN	223.60	571.80	795.40	555.14	1,398.36	1,953.50
STANDARD PLAN 2	223.60	277.10	500.70	555.14	661.66	1,216.80
44 OUTAGAMIE						
* NETWORK-FOX VALLEY	186.17	168.43	354.60	461.58	417.62	879.20
* PREVEA HEALTH PLAN	186.17	282.63	468.80	461.58	703.02	1,164.60
TOUCHPOINT HEALTH PLAN	186.17	188.73	374.90	461.58	468.32	929.90
STANDARD PLAN	186.17	609.23	795.40	461.58	1,491.92	1,953.50
STANDARD PLAN 2	186.17	314.53	500.70	461.58	755.22	1,216.80
45 OZAUKEE						
HUMANA-EASTERN	208.53	188.67	397.20	517.44	468.16	985.60
STANDARD PLAN	208.53	586.87	795.40	517.44	1,436.06	1,953.50
STANDARD PLAN 2	208.53	292.17	500.70	517.44	699.36	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.

GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES						
PLAN BY COUNTY	SINGLE			FAMILY		
	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
46 PEPIN						
* COMPCAREBLUE NORTH	357.93	67.97	425.90	879.08	178.32	1,057.40
* HUMANA-WESTERN	357.93	42.47	400.40	879.08	114.52	993.60
* VALLEY HEALTH PLAN	357.93	92.77	450.70	879.08	240.32	1,119.40
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	1,758.10
STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	1,216.80
47 PIERCE						
* ATRIUM HEALTH PLAN	357.93	35.37	393.30	879.08	96.82	975.90
* COMPCAREBLUE NORTH	357.93	67.97	425.90	879.08	178.32	1,057.40
* HUMANA-WESTERN	357.93	42.47	400.40	879.08	114.52	993.60
* VALLEY HEALTH PLAN	357.93	92.77	450.70	879.08	240.32	1,119.40
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	1,758.10
STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	1,216.80
48 POLK						
* ATRIUM HEALTH PLAN	206.48	186.82	393.30	512.35	463.55	975.90
* COMPCAREBLUE NORTH	206.48	219.42	425.90	512.35	545.05	1,057.40
* HUMANA-WESTERN	206.48	193.92	400.40	512.35	481.25	993.60
* VALLEY HEALTH PLAN	206.48	244.22	450.70	512.35	607.05	1,119.40
STANDARD PLAN	206.48	588.92	795.40	512.35	1,441.15	1,953.50
STANDARD PLAN 2	206.48	294.22	500.70	512.35	704.45	1,216.80
49 PORTAGE						
COMPCAREBLUE NORTH	223.60	202.30	425.90	555.14	502.26	1,057.40
STANDARD PLAN	223.60	571.80	795.40	555.14	1,398.36	1,953.50
STANDARD PLAN 2	223.60	277.10	500.70	555.14	661.66	1,216.80
50 PRICE						
COMPCAREBLUE NORTH	223.60	202.30	425.90	555.14	502.26	1,057.40
STANDARD PLAN	223.60	571.80	795.40	555.14	1,398.36	1,953.50
STANDARD PLAN 2	223.60	277.10	500.70	555.14	661.66	1,216.80
51 RACINE						
* DEAN HEALTH PLAN	208.53	137.47	346.00	517.44	340.26	857.70
HUMANA-EASTERN	208.53	188.67	397.20	517.44	468.16	985.60
STANDARD PLAN	208.53	586.87	795.40	517.44	1,436.06	1,953.50
STANDARD PLAN 2	208.53	292.17	500.70	517.44	699.36	1,216.80
52 RICHLAND						
DEAN HEALTH PLAN	181.65	164.35	346.00	450.29	407.41	857.70
GUNDERSEN LUTHERAN	181.65	226.55	408.20	450.29	562.91	1,013.20
PHYSICIANS PLUS - SC	181.65	188.65	370.30	450.29	468.11	918.40
UNITY-COMMUNITY	181.65	203.75	385.40	450.29	505.91	956.20
STANDARD PLAN	181.65	613.75	795.40	450.29	1,503.21	1,953.50
STANDARD PLAN 2	181.65	319.05	500.70	450.29	766.51	1,216.80
53 ROCK						
* DEAN HEALTH PLAN	168.11	177.89	346.00	416.43	441.27	857.70
* HUMANA-EASTERN	168.11	229.09	397.20	416.43	569.17	985.60
MERCYCARE HEALTH PLAN	168.11	152.09	320.20	416.43	376.77	793.20
* PHYSICIANS PLUS - SC	168.11	202.19	370.30	416.43	501.97	918.40
STANDARD PLAN	168.11	627.29	795.40	416.43	1,537.07	1,953.50
STANDARD PLAN 2	168.11	332.59	500.70	416.43	800.37	1,216.80
54 RUSK						
* GHC-EAU CLAIRE	357.93	56.97	414.90	879.08	150.82	1,029.90
* VALLEY HEALTH PLAN	357.93	92.77	450.70	879.08	240.32	1,119.40
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	1,758.10
STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	1,216.80

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GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES						
PLAN BY COUNTY	SINGLE			FAMILY		
	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
56 SAUK						
* DEAN HEALTH PLAN	181.65	164.35	346.00	450.29	407.41	857.70
* GUNDERSEN LUTHERAN	181.65	226.55	408.20	450.29	562.91	1,013.20
PHYSICIANS PLUS - SC	181.65	188.65	370.30	450.29	468.11	918.40
UNITY-COMMUNITY	181.65	203.75	385.40	450.29	505.91	956.20
STANDARD PLAN	181.65	613.75	795.40	450.29	1,503.21	1,953.50
STANDARD PLAN 2	181.65	319.05	500.70	450.29	766.51	1,216.80
57 SAWYER						
ATRIUM HEALTH PLAN	206.48	186.82	393.30	512.35	463.55	975.90
* COMPCAREBLUE NORTH	206.48	219.42	425.90	512.35	545.05	1,057.40
* GHC-EAU CLAIRE	206.48	208.42	414.90	512.35	517.55	1,029.90
* HUMANA-WESTERN	206.48	193.92	400.40	512.35	481.25	993.60
STANDARD PLAN	206.48	588.92	795.40	512.35	1,441.15	1,953.50
STANDARD PLAN 2	206.48	294.22	500.70	512.35	704.45	1,216.80
58 SHAWANO						
* NETWORK-FOX VALLEY	196.82	157.78	354.60	488.20	391.00	879.20
TOUCHPOINT HEALTH PLAN	196.82	178.08	374.90	488.20	441.70	929.90
STANDARD PLAN	196.82	598.58	795.40	488.20	1,465.30	1,953.50
STANDARD PLAN 2	196.82	303.88	500.70	488.20	728.60	1,216.80
59 SHEBOYGAN						
COMPCAREBLUE NORTHEAST	203.70	184.30	388.00	505.42	457.28	962.70
* HUMANA-EASTERN	203.70	193.50	397.20	505.42	480.18	985.60
* NETWORK-FOX VALLEY	203.70	150.90	354.60	505.42	373.78	879.20
STANDARD PLAN	203.70	591.70	795.40	505.42	1,448.08	1,953.50
STANDARD PLAN 2	203.70	297.00	500.70	505.42	711.38	1,216.80
55 ST CROIX						
* ATRIUM HEALTH PLAN	206.48	186.82	393.30	512.35	463.55	975.90
* COMPCAREBLUE NORTH	206.48	219.42	425.90	512.35	545.05	1,057.40
* HUMANA-WESTERN	206.48	193.92	400.40	512.35	481.25	993.60
* VALLEY HEALTH PLAN	206.48	244.22	450.70	512.35	607.05	1,119.40
STANDARD PLAN	206.48	588.92	795.40	512.35	1,441.15	1,953.50
STANDARD PLAN 2	206.48	294.22	500.70	512.35	704.45	1,216.80
60 TAYLOR						
COMPCAREBLUE NORTH	223.60	202.30	425.90	555.14	502.26	1,057.40
STANDARD PLAN	223.60	571.80	795.40	555.14	1,398.36	1,953.50
STANDARD PLAN 2	223.60	277.10	500.70	555.14	661.66	1,216.80
61 TREMPPEALEAU						
* GHC-EAU CLAIRE	214.31	200.59	414.90	531.93	497.97	1,029.90
* GUNDERSEN LUTHERAN	214.31	193.89	408.20	531.93	481.27	1,013.20
HEALTH TRADITION	214.31	203.19	417.50	531.93	504.47	1,036.40
* HUMANA-WESTERN	214.31	186.09	400.40	531.93	461.67	993.60
* VALLEY HEALTH PLAN	214.31	236.39	450.70	531.93	587.47	1,119.40
STANDARD PLAN	214.31	581.09	795.40	531.93	1,421.57	1,953.50
STANDARD PLAN 2	214.31	286.39	500.70	531.93	684.87	1,216.80
62 VERNON						
* DEAN HEALTH PLAN	214.31	131.69	346.00	531.93	325.77	857.70
* GUNDERSEN LUTHERAN	214.31	193.89	408.20	531.93	481.27	1,013.20
HEALTH TRADITION	214.31	203.19	417.50	531.93	504.47	1,036.40
* UNITY-COMMUNITY	214.31	171.09	385.40	531.93	424.27	956.20
STANDARD PLAN	214.31	581.09	795.40	531.93	1,421.57	1,953.50
STANDARD PLAN 2	214.31	286.39	500.70	531.93	684.87	1,216.80
63 VILAS						
COMPCAREBLUE NORTH	223.60	202.30	425.90	555.14	502.26	1,057.40
STANDARD PLAN	223.60	571.80	795.40	555.14	1,398.36	1,953.50
STANDARD PLAN 2	223.60	277.10	500.70	555.14	661.66	1,216.80

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GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR LESS THAN HALF TIME EMPLOYEES						
PLAN BY COUNTY	SINGLE			FAMILY		
	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
64 WALWORTH						
* DEAN HEALTH PLAN	168.11	177.89	346.00	416.43	441.27	857.70
* HUMANA-EASTERN	168.11	229.09	397.20	416.43	569.17	985.60
MERCYCARE HEALTH PLAN	168.11	152.09	320.20	416.43	376.77	793.20
STANDARD PLAN	168.11	627.29	795.40	416.43	1,537.07	1,953.50
STANDARD PLAN 2	168.11	332.59	500.70	416.43	800.37	1,216.80
65 WASHBURN						
ATRIUM HEALTH PLAN	206.48	186.82	393.30	512.35	463.55	975.90
COMPCAREBLUE NORTH	206.48	219.42	425.90	512.35	545.05	1,057.40
HUMANA-WESTERN	206.48	193.92	400.40	512.35	481.25	993.60
STANDARD PLAN	206.48	588.92	795.40	512.35	1,441.15	1,953.50
STANDARD PLAN 2	206.48	294.22	500.70	512.35	704.45	1,216.80
66 WASHINGTON						
HUMANA-EASTERN	208.53	188.67	397.20	517.44	468.16	985.60
STANDARD PLAN	208.53	586.87	795.40	517.44	1,436.06	1,953.50
STANDARD PLAN 2	208.53	292.17	500.70	517.44	699.36	1,216.80
67 WAUKESHA						
* COMPCAREBLUE - AURORA/FAMILY	208.53	150.17	358.70	517.44	371.96	889.40
* DEAN HEALTH PLAN	208.53	137.47	346.00	517.44	340.26	857.70
HUMANA-EASTERN	208.53	188.67	397.20	517.44	468.16	985.60
STANDARD PLAN	208.53	586.87	795.40	517.44	1,436.06	1,953.50
STANDARD PLAN 2	208.53	292.17	500.70	517.44	699.36	1,216.80
68 WAUPACA						
* COMPCAREBLUE NORTH	186.17	239.73	425.90	461.58	595.82	1,057.40
NETWORK-FOX VALLEY	186.17	168.43	354.60	461.58	417.62	879.20
TOUCHPOINT HEALTH PLAN	186.17	188.73	374.90	461.58	468.32	929.90
STANDARD PLAN	186.17	609.23	795.40	461.58	1,491.92	1,953.50
STANDARD PLAN 2	186.17	314.53	500.70	461.58	755.22	1,216.80
69 WAUSHARA						
NETWORK-FOX VALLEY	186.17	168.43	354.60	461.58	417.62	879.20
TOUCHPOINT HEALTH PLAN	186.17	188.73	374.90	461.58	468.32	929.90
STANDARD PLAN	186.17	609.23	795.40	461.58	1,491.92	1,953.50
STANDARD PLAN 2	186.17	314.53	500.70	461.58	755.22	1,216.80
70 WINNEBAGO						
NETWORK-FOX VALLEY	186.17	168.43	354.60	461.58	417.62	879.20
TOUCHPOINT HEALTH PLAN	186.17	188.73	374.90	461.58	468.32	929.90
STANDARD PLAN	186.17	609.23	795.40	461.58	1,491.92	1,953.50
STANDARD PLAN 2	186.17	314.53	500.70	461.58	755.22	1,216.80
71 WOOD						
COMPCAREBLUE NORTH	223.60	202.30	425.90	555.14	502.26	1,057.40
STANDARD PLAN	223.60	571.80	795.40	555.14	1,398.36	1,953.50
STANDARD PLAN 2	223.60	277.10	500.70	555.14	661.66	1,216.80
99 OUT OF STATE						
* ATRIUM HEALTH PLAN	357.93	35.37	393.30	879.08	96.82	975.90
* COMPCAREBLUE NORTH	357.93	67.97	425.90	879.08	178.32	1,057.40
* DEAN HEALTH PLAN	346.00	0.00	346.00	857.70	0.00	857.70
* GUNDERSEN LUTHERAN	357.93	50.27	408.20	879.08	134.12	1,013.20
* HEALTH TRADITION	357.93	59.57	417.50	879.08	157.32	1,036.40
* HUMANA-EASTERN	357.93	39.27	397.20	879.08	106.52	985.60
* HUMANA-WESTERN	357.93	42.47	400.40	879.08	114.52	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	357.93	110.87	468.80	879.08	285.52	1,164.60
* STANDARD PLAN	357.93	437.47	795.40	879.08	1,074.42	1,953.50
* STANDARD PLAN 2	357.93	142.77	500.70	879.08	337.72	1,216.80
* STATE MAINTENANCE PLAN	357.93	357.87	715.80	879.08	879.02	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