* Not Qualified in County

= Low Cost Qualified Plan

2011 Local Low Cost Qualified Plan: Deductible HMO - Deductible Standard Plan (P04)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
ADAMS						
DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
* PHYSICIANS PLUS - MERITER & UW HEALTH	484.50	0.00	484.50	1207.40	0.00	1207.40
SECURITY HEALTH PLAN	507.99	380.51	888.50	1265.99	951.41	2217.40
UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
STANDARD PLAN: BALANCE OF STATE	507.99	471.21	979.20	1265.99	1178.11	2444.10
ASHLAND						
ANTHEM BLUE NORTHWEST	811.34	33.56	844.90	2024.30	84.10	2108.40
GHC OF EAU CLAIRE	772.70	0.00	772.70	1927.90	0.00	1927.90
SECURITY HEALTH PLAN	811.34	77.16	888.50	2024.30	193.10	2217.40
STANDARD PLAN: BALANCE OF STATE	811.34	167.86	979.20	2024.30	419.80	2444.10
BARRON						
GHC OF EAU CLAIRE	772.70	0.00	772.70	1927.90	0.00	1927.90
* GUNDERSEN LUTHERAN HEALTH PLAN	759.20	0.00	759.20	1894.20	0.00	1894.20
HUMANA WESTERN	811.34	218.16	1029.50	2024.30	545.60	2569.90
SECURITY HEALTH PLAN	811.34	77.16	888.50	2024.30	193.10	2217.40
STANDARD PLAN: BALANCE OF STATE	811.34	167.86	979.20	2024.30	419.80	2444.10
BAYFIELD						
* ANTHEM BLUE NORTHWEST	684.50	160.40	844.90	1707.30	401.10	2108.40
* GHC OF EAU CLAIRE	684.50	88.20	772.70	1707.30	220.60	1927.90
* SECURITY HEALTH PLAN	684.50	204.00	888.50	1707.30	510.10	2217.40
STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
BROWN						
ANTHEM BLUE NORTHEAST	610.79	218.11	828.90	1522.92	545.48	2068.40
ARISE HEALTH PLAN	610.79	89.41	700.20	1522.92	223.78	1746.70
HUMANA EASTERN	610.79	418.71	1029.50	1522.92	1046.98	2569.90
NETWORK HEALTH PLAN	581.70	0.00	581.70	1450.40	0.00	1450.40
UNITEDHEALTHCARE NE	610.79	49.41	660.20	1522.92	123.78	1646.70
WEA TRUST PPP	610.79	103.71	714.50	1522.92	259.48	1782.40
STANDARD PLAN: BALANCE OF STATE	610.79	368.41	979.20	1522.92	921.18	2444.10
BUFFALO						
* HEALTH TRADITION HEALTH PLAN	678.70	0.00	678.70	1692.90	0.00	1692.90
STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
BURNETT						
ANTHEM BLUE NORTHWEST	811.34	33.56	844.90	2024.30	84.10	2108.40
GHC OF EAU CLAIRE	772.70	0.00	772.70	1927.90	0.00	1927.90
STANDARD PLAN: BALANCE OF STATE	811.34	167.86	979.20	2024.30	419.80	2444.10
CALUMET						
ANTHEM BLUE NORTHEAST	610.79	218.11	828.90	1522.92	545.48	2068.40
* ARISE HEALTH PLAN	610.79	89.41	700.20	1522.92	223.78	1746.70
* HUMANA EASTERN	610.79	418.71	1029.50	1522.92	1046.98	2569.90
NETWORK HEALTH PLAN	581.70	0.00	581.70	1450.40	0.00	1450.40
* UNITEDHEALTHCARE NE	610.79	49.41	660.20	1522.92	123.78	1646.70
* WEA TRUST PPP	610.79	103.71	714.50	1522.92	259.48	1782.40
STANDARD PLAN: BALANCE OF STATE	610.79	368.41	979.20	1522.92	921.18	2444.10
CHIPPEWA						
GHC OF EAU CLAIRE	772.70	0.00	772.70	1927.90	0.00	1927.90
GUNDERSEN LUTHERAN HEALTH PLAN	759.20	0.00	759.20	1894.20	0.00	1894.20
HUMANA WESTERN	797.16	232.34	1029.50	1988.91	580.99	2569.90
SECURITY HEALTH PLAN	797.16	91.34	888.50	1988.91	228.49	2217.40
STANDARD PLAN: BALANCE OF STATE	797.16	182.04	979.20	1988.91	455.19	2444.10

* Not Qualified in County

= Low Cost Qualified Plan

2011 Local Low Cost Qualified Plan: Deductible HMO - Deductible Standard Plan (P04)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
CLARK						
* ARISE HEALTH PLAN	700.20	0.00	700.20	1746.70	0.00	1746.70
GUNDERSEN LUTHERAN HEALTH PLAN	759.20	0.00	759.20	1894.20	0.00	1894.20
SECURITY HEALTH PLAN	797.16	91.34	888.50	1988.91	228.49	2217.40
STANDARD PLAN: BALANCE OF STATE	797.16	182.04	979.20	1988.91	455.19	2444.10
COLUMBIA						
DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
PHYSICIANS PLUS - MERITER & UW HEALTH	484.50	0.00	484.50	1207.40	0.00	1207.40
UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
STANDARD PLAN: BALANCE OF STATE	507.99	471.21	979.20	1265.99	1178.11	2444.10
CRAWFORD						
GUNDERSEN LUTHERAN HEALTH PLAN	759.20	0.00	759.20	1894.20	0.00	1894.20
* HEALTH TRADITION HEALTH PLAN	678.70	0.00	678.70	1692.90	0.00	1692.90
* MEDICAL ASSOCIATES HEALTH PLAN	536.00	0.00	536.00	1336.20	0.00	1336.20
* UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
STANDARD PLAN: BALANCE OF STATE	797.16	182.04	979.20	1988.91	455.19	2444.10
DANE						
DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
GHC OF SOUTH CENTRAL WISCONSIN	508.52	4.88	513.40	1267.25	12.45	1279.70
PHYSICIANS PLUS - MERITER & UW HEALTH	484.50	0.00	484.50	1207.40	0.00	1207.40
UNITY UW HEALTH	484.30	0.00	484.30	1206.90	0.00	1206.90
STANDARD PLAN: DANE	508.52	400.68	909.20	1267.25	1001.85	2269.10
DODGE						
ANTHEM BLUE SOUTHEAST	507.99	470.91	978.90	1265.99	1177.41	2443.40
* ARISE HEALTH PLAN	507.99	192.21	700.20	1265.99	480.71	1746.70
DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
HUMANA EASTERN	507.99	521.51	1029.50	1265.99	1303.91	2569.90
NETWORK HEALTH PLAN	507.99	73.71	581.70	1265.99	184.41	1450.40
UNITEDHEALTHCARE SE	507.99	181.21	689.20	1265.99	453.21	1719.20
UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
STANDARD PLAN: BALANCE OF STATE	507.99	471.21	979.20	1265.99	1178.11	2444.10
DOOR						
ANTHEM BLUE NORTHEAST	610.79	218.11	828.90	1522.92	545.48	2068.40
ARISE HEALTH PLAN	610.79	89.41	700.20	1522.92	223.78	1746.70
* HUMANA EASTERN	610.79	418.71	1029.50	1522.92	1046.98	2569.90
NETWORK HEALTH PLAN	581.70	0.00	581.70	1450.40	0.00	1450.40
UNITEDHEALTHCARE NE	610.79	49.41	660.20	1522.92	123.78	1646.70
* WEA TRUST PPP	610.79	103.71	714.50	1522.92	259.48	1782.40
STANDARD PLAN: BALANCE OF STATE	610.79	368.41	979.20	1522.92	921.18	2444.10
DOUGLAS						
* ANTHEM BLUE NORTHWEST	811.34	33.56	844.90	2024.30	84.10	2108.40
GHC OF EAU CLAIRE	772.70	0.00	772.70	1927.90	0.00	1927.90
HUMANA WESTERN	811.34	218.16	1029.50	2024.30	545.60	2569.90
SECURITY HEALTH PLAN	811.34	77.16	888.50	2024.30	193.10	2217.40
STANDARD PLAN: BALANCE OF STATE	811.34	167.86	979.20	2024.30	419.80	2444.10
DUNN						
GHC OF EAU CLAIRE	772.70	0.00	772.70	1927.90	0.00	1927.90
* HUMANA WESTERN	811.34	218.16	1029.50	2024.30	545.60	2569.90
STANDARD PLAN: BALANCE OF STATE	811.34	167.86	979.20	2024.30	419.80	2444.10

* Not Qualified in County

= Low Cost Qualified Plan

	2011 Local Low Cost Qualified Plan: Deductible HMO - Deductible Standard Plan (P04)	Single Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
	EAU CLAIRE						
	ANTHEM BLUE NORTHWEST	797.16	47.74	844.90	1988.91	119.49	2108.40
	GHC OF EAU CLAIRE	772.70	0.00	772.70	1927.90	0.00	1927.90
	GUNDERSEN LUTHERAN HEALTH PLAN	759.20	0.00	759.20	1894.20	0.00	1894.20
	HUMANA WESTERN	797.16	232.34	1029.50	1988.91	580.99	2569.90
	SECURITY HEALTH PLAN	797.16	91.34	888.50	1988.91	228.49	2217.40
	STANDARD PLAN: BALANCE OF STATE	797.16	182.04	979.20	1988.91	455.19	2444.10
	FLORENCE						
*	ARISE HEALTH PLAN	684.50	15.70	700.20	1707.30	39.40	1746.70
*	WEA TRUST PPP	684.50	30.00	714.50	1707.30	75.10	1782.40
	STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
	STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
	FOND DU LAC						
	ANTHEM BLUE NORTHEAST	507.99	320.91	828.90	1265.99	802.41	2068.40
	ARISE HEALTH PLAN	507.99	192.21	700.20	1265.99	480.71	1746.70
	DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
	HUMANA EASTERN	507.99	521.51	1029.50	1265.99	1303.91	2569.90
	NETWORK HEALTH PLAN	507.99	73.71	581.70	1265.99	184.41	1450.40
	UNITEDHEALTHCARE NE	507.99	152.21	660.20	1265.99	380.71	1646.70
	UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
	WEA TRUST PPP	507.99	206.51	714.50	1265.99	516.41	1782.40
	STANDARD PLAN: BALANCE OF STATE	507.99	471.21	979.20	1265.99	1178.11	2444.10
	FOREST						
*	ARISE HEALTH PLAN	684.50	15.70	700.20	1707.30	39.40	1746.70
*	SECURITY HEALTH PLAN	684.50	204.00	888.50	1707.30	510.10	2217.40
	STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
	STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
	GRANT						
	DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
	GUNDERSEN LUTHERAN HEALTH PLAN	507.99	251.21	759.20	1265.99	628.21	1894.20
	HEALTH TRADITION HEALTH PLAN	507.99	170.71	678.70	1265.99	426.91	1692.90
	MEDICAL ASSOCIATES HEALTH PLAN	507.99	28.01	536.00	1265.99	70.21	1336.20
	PHYSICIANS PLUS - MERITER & UW HEALTH	484.50	0.00	484.50	1207.40	0.00	1207.40
	UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
	STANDARD PLAN: DANE	507.99	401.21	909.20	1265.99	1003.11	2269.10
	GREEN						
	DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
	HUMANA EASTERN	507.99	521.51	1029.50	1265.99	1303.91	2569.90
*	MERCYCARE HEALTH PLAN	469.10	0.00	469.10	1168.90	0.00	1168.90
	UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
	STANDARD PLAN: BALANCE OF STATE	507.99	471.21	979.20	1265.99	1178.11	2444.10
	GREEN LAKE						
	ANTHEM BLUE NORTHEAST	610.79	218.11	828.90	1522.92	545.48	2068.40
*	ARISE HEALTH PLAN	610.79	89.41	700.20	1522.92	223.78	1746.70
*	DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
	HUMANA EASTERN	610.79	418.71	1029.50	1522.92	1046.98	2569.90
	NETWORK HEALTH PLAN	581.70	0.00	581.70	1450.40	0.00	1450.40
*	PHYSICIANS PLUS - MERITER & UW HEALTH	484.50	0.00	484.50	1207.40	0.00	1207.40
*	SECURITY HEALTH PLAN	610.79	277.71	888.50	1522.92	694.48	2217.40
	UNITEDHEALTHCARE NE	610.79	49.41	660.20	1522.92	123.78	1646.70
	WEA TRUST PPP	610.79	103.71	714.50	1522.92	259.48	1782.40
	STANDARD PLAN: BALANCE OF STATE	610.79	368.41	979.20	1522.92	921.18	2444.10

* Not Qualified in County

= Low Cost Qualified Plan

2011 Local Low Cost Qualified Plan: Deductible HMO - Deductible Standard Plan (P04)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
IOWA						
DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
MEDICAL ASSOCIATES HEALTH PLAN	507.99	28.01	536.00	1265.99	70.21	1336.20
PHYSICIANS PLUS - MERITER & UW HEALTH	484.50	0.00	484.50	1207.40	0.00	1207.40
UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
STANDARD PLAN: BALANCE OF STATE	507.99	471.21	979.20	1265.99	1178.11	2444.10
IRON						
* SECURITY HEALTH PLAN	684.50	204.00	888.50	1707.30	510.10	2217.40
STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
JACKSON						
GUNDERSEN LUTHERAN HEALTH PLAN	712.64	46.56	759.20	1777.55	116.65	1894.20
HEALTH TRADITION HEALTH PLAN	678.70	0.00	678.70	1692.90	0.00	1692.90
SECURITY HEALTH PLAN	712.64	175.86	888.50	1777.55	439.85	2217.40
STANDARD PLAN: BALANCE OF STATE	712.64	266.56	979.20	1777.55	666.55	2444.10
JEFFERSON						
ANTHEM BLUE SOUTHEAST	492.56	486.34	978.90	1227.35	1216.05	2443.40
DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
HUMANA EASTERN	492.56	536.94	1029.50	1227.35	1342.55	2569.90
MERCYCARE HEALTH PLAN	469.10	0.00	469.10	1168.90	0.00	1168.90
* PHYSICIANS PLUS - MERITER & UW HEALTH	484.50	0.00	484.50	1207.40	0.00	1207.40
UNITEDHEALTHCARE SE	492.56	196.64	689.20	1227.35	491.85	1719.20
UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
STANDARD PLAN: DANE	492.56	416.64	909.20	1227.35	1041.75	2269.10
JUNEAU						
* DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
GUNDERSEN LUTHERAN HEALTH PLAN	712.64	46.56	759.20	1777.55	116.65	1894.20
HEALTH TRADITION HEALTH PLAN	678.70	0.00	678.70	1692.90	0.00	1692.90
SECURITY HEALTH PLAN	712.64	175.86	888.50	1777.55	439.85	2217.40
* UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
STANDARD PLAN: BALANCE OF STATE	712.64	266.56	979.20	1777.55	666.55	2444.10
KENOSHA						
ANTHEM BLUE SOUTHEAST	723.66	255.24	978.90	1805.16	638.24	2443.40
HUMANA EASTERN	723.66	305.84	1029.50	1805.16	764.74	2569.90
UNITEDHEALTHCARE SE	689.20	0.00	689.20	1719.20	0.00	1719.20
WEA TRUST PPP	714.50	0.00	714.50	1782.40	0.00	1782.40
STANDARD PLAN: WAUKESHA	723.66	255.54	979.20	1805.16	638.94	2444.10
KEWAUNEE						
ANTHEM BLUE NORTHEAST	610.79	218.11	828.90	1522.92	545.48	2068.40
ARISE HEALTH PLAN	610.79	89.41	700.20	1522.92	223.78	1746.70
* HUMANA EASTERN	610.79	418.71	1029.50	1522.92	1046.98	2569.90
NETWORK HEALTH PLAN	581.70	0.00	581.70	1450.40	0.00	1450.40
* UNITEDHEALTHCARE NE	610.79	49.41	660.20	1522.92	123.78	1646.70
* WEA TRUST PPP	610.79	103.71	714.50	1522.92	259.48	1782.40
STANDARD PLAN: BALANCE OF STATE	610.79	368.41	979.20	1522.92	921.18	2444.10
LACROSSE						
GUNDERSEN LUTHERAN HEALTH PLAN	712.64	46.56	759.20	1777.55	116.65	1894.20
HEALTH TRADITION HEALTH PLAN	678.70	0.00	678.70	1692.90	0.00	1692.90
STANDARD PLAN: DANE	712.64	196.56	909.20	1777.55	491.55	2269.10
LAFAYETTE						
DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
MEDICAL ASSOCIATES HEALTH PLAN	508.73	27.27	536.00	1267.77	68.43	1336.20
PHYSICIANS PLUS - MERITER & UW HEALTH	484.50	0.00	484.50	1207.40	0.00	1207.40
STANDARD PLAN: BALANCE OF STATE	508.73	470.47	979.20	1267.77	1176.33	2444.10
LANGLADE						

* Not Qualified in County = Low Cost Qualified Plan ***2011 Local Low Cost Qualified Plan: Deductible HMO - Deductible Standard Plan (P04)***	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
ARISE HEALTH PLAN	700.20	0.00	700.20	1746.70	0.00	1746.70
SECURITY HEALTH PLAN	735.21	153.29	888.50	1834.04	383.36	2217.40
STANDARD PLAN: BALANCE OF STATE	735.21	243.99	979.20	1834.04	610.06	2444.10
LINCOLN						
* ARISE HEALTH PLAN	700.20	0.00	700.20	1746.70	0.00	1746.70
SECURITY HEALTH PLAN	888.50	0.00	888.50	2217.40	0.00	2217.40
STANDARD PLAN: BALANCE OF STATE	932.93	46.27	979.20	2328.27	115.83	2444.10
MANITOWOC						
ANTHEM BLUE NORTHEAST	610.79	218.11	828.90	1522.92	545.48	2068.40
ARISE HEALTH PLAN	610.79	89.41	700.20	1522.92	223.78	1746.70
HUMANA EASTERN	610.79	418.71	1029.50	1522.92	1046.98	2569.90
NETWORK HEALTH PLAN	581.70	0.00	581.70	1450.40	0.00	1450.40
UNITEDHEALTHCARE NE	610.79	49.41	660.20	1522.92	123.78	1646.70
WEA TRUST PPP	610.79	103.71	714.50	1522.92	259.48	1782.40
STANDARD PLAN: BALANCE OF STATE	610.79	368.41	979.20	1522.92	921.18	2444.10
MARATHON						
ARISE HEALTH PLAN	700.20	0.00	700.20	1746.70	0.00	1746.70
SECURITY HEALTH PLAN	735.21	153.29	888.50	1834.04	383.36	2217.40
STANDARD PLAN: BALANCE OF STATE	735.21	243.99	979.20	1834.04	610.06	2444.10
MARINETTE						
ANTHEM BLUE NORTHEAST	693.21	135.69	828.90	1729.04	339.36	2068.40
ARISE HEALTH PLAN	693.21	6.99	700.20	1729.04	17.66	1746.70
HUMANA EASTERN	693.21	336.29	1029.50	1729.04	840.86	2569.90
UNITEDHEALTHCARE NE	660.20	0.00	660.20	1646.70	0.00	1646.70
WEA TRUST PPP	693.21	21.29	714.50	1729.04	53.36	1782.40
STANDARD PLAN: BALANCE OF STATE	693.21	285.99	979.20	1729.04	715.06	2444.10
MARQUETTE						
* NETWORK HEALTH PLAN	508.73	72.97	581.70	1267.77	182.63	1450.40
PHYSICIANS PLUS - MERITER & UW HEALTH	484.50	0.00	484.50	1207.40	0.00	1207.40
* UNITEDHEALTHCARE NE	508.73	151.47	660.20	1267.77	378.93	1646.70
* UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
* WEA TRUST PPP	508.73	205.77	714.50	1267.77	514.63	1782.40
STATE MAINTENANCE PLAN (SMP)	508.73	143.17	651.90	1267.77	358.23	1626.00
STANDARD PLAN: BALANCE OF STATE	508.73	470.47	979.20	1267.77	1176.33	2444.10
MENOMINEE						
STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
MILWAUKEE						
ANTHEM BLUE SOUTHEAST	723.66	255.24	978.90	1805.16	638.24	2443.40
HUMANA EASTERN	723.66	305.84	1029.50	1805.16	764.74	2569.90
UNITEDHEALTHCARE SE	689.20	0.00	689.20	1719.20	0.00	1719.20
WEA TRUST PPP	714.50	0.00	714.50	1782.40	0.00	1782.40
WPS METRO CHOICE	723.66	223.44	947.10	1805.16	558.74	2363.90
STANDARD PLAN: MILWAUKEE	723.66	335.34	1059.00	1805.16	838.34	2643.50
MONROE						
GUNDERSEN LUTHERAN HEALTH PLAN	712.64	46.56	759.20	1777.55	116.65	1894.20
HEALTH TRADITION HEALTH PLAN	678.70	0.00	678.70	1692.90	0.00	1692.90
STANDARD PLAN: BALANCE OF STATE	712.64	266.56	979.20	1777.55	666.55	2444.10

* Not Qualified in County

= Low Cost Qualified Plan

2011 Local Low Cost Qualified Plan: Deductible HMO - Deductible Standard Plan (P04)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
OCONTO						
ANTHEM BLUE NORTHEAST	610.79	218.11	828.90	1522.92	545.48	2068.40
ARISE HEALTH PLAN	610.79	89.41	700.20	1522.92	223.78	1746.70
* HUMANA EASTERN	610.79	418.71	1029.50	1522.92	1046.98	2569.90
NETWORK HEALTH PLAN	581.70	0.00	581.70	1450.40	0.00	1450.40
* UNITEDHEALTHCARE NE	610.79	49.41	660.20	1522.92	123.78	1646.70
WEA TRUST PPP	610.79	103.71	714.50	1522.92	259.48	1782.40
STANDARD PLAN: BALANCE OF STATE	610.79	368.41	979.20	1522.92	921.18	2444.10
ONEIDA						
* ARISE HEALTH PLAN	700.20	0.00	700.20	1746.70	0.00	1746.70
SECURITY HEALTH PLAN	888.50	0.00	888.50	2217.40	0.00	2217.40
STANDARD PLAN: BALANCE OF STATE	932.93	46.27	979.20	2328.27	115.83	2444.10
OUTAGAMIE						
ANTHEM BLUE NORTHEAST	610.79	218.11	828.90	1522.92	545.48	2068.40
ARISE HEALTH PLAN	610.79	89.41	700.20	1522.92	223.78	1746.70
HUMANA EASTERN	610.79	418.71	1029.50	1522.92	1046.98	2569.90
NETWORK HEALTH PLAN	581.70	0.00	581.70	1450.40	0.00	1450.40
UNITEDHEALTHCARE NE	610.79	49.41	660.20	1522.92	123.78	1646.70
WEA TRUST PPP	610.79	103.71	714.50	1522.92	259.48	1782.40
STANDARD PLAN: BALANCE OF STATE	610.79	368.41	979.20	1522.92	921.18	2444.10
OZAUKEE						
ANTHEM BLUE SOUTHEAST	723.66	255.24	978.90	1805.16	638.24	2443.40
HUMANA EASTERN	723.66	305.84	1029.50	1805.16	764.74	2569.90
UNITEDHEALTHCARE SE	689.20	0.00	689.20	1719.20	0.00	1719.20
WEA TRUST PPP	714.50	0.00	714.50	1782.40	0.00	1782.40
WPS METRO CHOICE	723.66	223.44	947.10	1805.16	558.74	2363.90
STANDARD PLAN: WAUKESHA	723.66	255.54	979.20	1805.16	638.94	2444.10
PEPIN						
* GHC OF EAU CLAIRE	684.50	88.20	772.70	1707.30	220.60	1927.90
* GUNDERSEN LUTHERAN HEALTH PLAN	684.50	74.70	759.20	1707.30	186.90	1894.20
* HUMANA WESTERN	684.50	345.00	1029.50	1707.30	862.60	2569.90
* SECURITY HEALTH PLAN	684.50	204.00	888.50	1707.30	510.10	2217.40
STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
PIERCE						
ANTHEM BLUE NORTHWEST	844.90	0.00	844.90	2108.40	0.00	2108.40
HEALTHPARTNERS	810.10	0.00	810.10	2021.40	0.00	2021.40
* HUMANA WESTERN	850.61	178.89	1029.50	2122.47	447.43	2569.90
STANDARD PLAN: BALANCE OF STATE	850.61	128.59	979.20	2122.47	321.63	2444.10
POLK						
ANTHEM BLUE NORTHWEST	811.34	33.56	844.90	2024.30	84.10	2108.40
GHC OF EAU CLAIRE	772.70	0.00	772.70	1927.90	0.00	1927.90
HEALTHPARTNERS	810.10	0.00	810.10	2021.40	0.00	2021.40
* HUMANA WESTERN	811.34	218.16	1029.50	2024.30	545.60	2569.90
STANDARD PLAN: DANE	811.34	97.86	909.20	2024.30	244.80	2269.10
PORTAGE						
* ARISE HEALTH PLAN	700.20	0.00	700.20	1746.70	0.00	1746.70
SECURITY HEALTH PLAN	888.50	0.00	888.50	2217.40	0.00	2217.40
STANDARD PLAN: BALANCE OF STATE	932.93	46.27	979.20	2328.27	115.83	2444.10
PRICE						
SECURITY HEALTH PLAN	888.50	0.00	888.50	2217.40	0.00	2217.40
STANDARD PLAN: BALANCE OF STATE	932.93	46.27	979.20	2328.27	115.83	2444.10

* Not Qualified in County

= Low Cost Qualified Plan

2011 Local Low Cost Qualified Plan: Deductible HMO - Deductible Standard Plan (P04)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
RACINE						
ANTHEM BLUE SOUTHEAST	723.66	255.24	978.90	1805.16	638.24	2443.40
HUMANA EASTERN	723.66	305.84	1029.50	1805.16	764.74	2569.90
UNITEDHEALTHCARE SE	689.20	0.00	689.20	1719.20	0.00	1719.20
WEA TRUST PPP	714.50	0.00	714.50	1782.40	0.00	1782.40
WPS METRO CHOICE	723.66	223.44	947.10	1805.16	558.74	2363.90
STANDARD PLAN: WAUKESHA	723.66	255.54	979.20	1805.16	638.94	2444.10
RICHLAND						
DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
GUNDERSEN LUTHERAN HEALTH PLAN	507.99	251.21	759.20	1265.99	628.21	1894.20
HEALTH TRADITION HEALTH PLAN	507.99	170.71	678.70	1265.99	426.91	1692.90
PHYSICIANS PLUS - MERITER & UW HEALTH	484.50	0.00	484.50	1207.40	0.00	1207.40
UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
STANDARD PLAN: BALANCE OF STATE	507.99	471.21	979.20	1265.99	1178.11	2444.10
ROCK						
ANTHEM BLUE SOUTHEAST	492.56	486.34	978.90	1227.35	1216.05	2443.40
DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
HUMANA EASTERN	492.56	536.94	1029.50	1227.35	1342.55	2569.90
MERCYCARE HEALTH PLAN	469.10	0.00	469.10	1168.90	0.00	1168.90
* PHYSICIANS PLUS - MERITER & UW HEALTH	484.50	0.00	484.50	1207.40	0.00	1207.40
UNITEDHEALTHCARE SE	492.56	196.64	689.20	1227.35	491.85	1719.20
UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
STANDARD PLAN: BALANCE OF STATE	492.56	486.64	979.20	1227.35	1216.75	2444.10
RUSK						
GHC OF EAU CLAIRE	772.70	0.00	772.70	1927.90	0.00	1927.90
SECURITY HEALTH PLAN	811.34	77.16	888.50	2024.30	193.10	2217.40
STANDARD PLAN: BALANCE OF STATE	811.34	167.86	979.20	2024.30	419.80	2444.10
SAUK						
DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
GUNDERSEN LUTHERAN HEALTH PLAN	507.99	251.21	759.20	1265.99	628.21	1894.20
HEALTH TRADITION HEALTH PLAN	507.99	170.71	678.70	1265.99	426.91	1692.90
PHYSICIANS PLUS - MERITER & UW HEALTH	484.50	0.00	484.50	1207.40	0.00	1207.40
UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
STANDARD PLAN: BALANCE OF STATE	507.99	471.21	979.20	1265.99	1178.11	2444.10
SAWYER						
GHC OF EAU CLAIRE	772.70	0.00	772.70	1927.90	0.00	1927.90
SECURITY HEALTH PLAN	811.34	77.16	888.50	2024.30	193.10	2217.40
STANDARD PLAN: BALANCE OF STATE	811.34	167.86	979.20	2024.30	419.80	2444.10
SHAWANO						
ANTHEM BLUE NORTHEAST	693.21	135.69	828.90	1729.04	339.36	2068.40
ARISE HEALTH PLAN	693.21	6.99	700.20	1729.04	17.66	1746.70
HUMANA EASTERN	693.21	336.29	1029.50	1729.04	840.86	2569.90
UNITEDHEALTHCARE NE	660.20	0.00	660.20	1646.70	0.00	1646.70
WEA TRUST PPP	693.21	21.29	714.50	1729.04	53.36	1782.40
STANDARD PLAN: BALANCE OF STATE	693.21	285.99	979.20	1729.04	715.06	2444.10
SHEBOYGAN						
ANTHEM BLUE NORTHEAST	610.79	218.11	828.90	1522.92	545.48	2068.40
ARISE HEALTH PLAN	610.79	89.41	700.20	1522.92	223.78	1746.70
HUMANA EASTERN	610.79	418.71	1029.50	1522.92	1046.98	2569.90
NETWORK HEALTH PLAN	581.70	0.00	581.70	1450.40	0.00	1450.40
UNITEDHEALTHCARE NE	610.79	49.41	660.20	1522.92	123.78	1646.70
WEA TRUST PPP	610.79	103.71	714.50	1522.92	259.48	1782.40
STANDARD PLAN: BALANCE OF STATE	610.79	368.41	979.20	1522.92	921.18	2444.10

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2011 Local Low Cost Qualified Plan: Deductible HMO - Deductible Standard Plan (P04)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
ST. CROIX						
ANTHEM BLUE NORTHWEST	844.90	0.00	844.90	2108.40	0.00	2108.40
HEALTHPARTNERS	810.10	0.00	810.10	2021.40	0.00	2021.40
HUMANA WESTERN	850.61	178.89	1029.50	2122.47	447.43	2569.90
STANDARD PLAN: DANE	850.61	58.59	909.20	2122.47	146.63	2269.10
TAYLOR						
ARISE HEALTH PLAN	700.20	0.00	700.20	1746.70	0.00	1746.70
SECURITY HEALTH PLAN	735.21	153.29	888.50	1834.04	383.36	2217.40
STANDARD PLAN: BALANCE OF STATE	735.21	243.99	979.20	1834.04	610.06	2444.10
TREMPEALEAU						
GUNDERSEN LUTHERAN HEALTH PLAN	712.64	46.56	759.20	1777.55	116.65	1894.20
HEALTH TRADITION HEALTH PLAN	678.70	0.00	678.70	1692.90	0.00	1692.90
* SECURITY HEALTH PLAN	712.64	175.86	888.50	1777.55	439.85	2217.40
STANDARD PLAN: BALANCE OF STATE	712.64	266.56	979.20	1777.55	666.55	2444.10
VERNON						
* DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
GUNDERSEN LUTHERAN HEALTH PLAN	507.99	251.21	759.20	1265.99	628.21	1894.20
HEALTH TRADITION HEALTH PLAN	507.99	170.71	678.70	1265.99	426.91	1692.90
* SECURITY HEALTH PLAN	507.99	380.51	888.50	1265.99	951.41	2217.40
UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
STANDARD PLAN: BALANCE OF STATE	507.99	471.21	979.20	1265.99	1178.11	2444.10
VILAS						
* ARISE HEALTH PLAN	684.50	15.70	700.20	1707.30	39.40	1746.70
* SECURITY HEALTH PLAN	684.50	204.00	888.50	1707.30	510.10	2217.40
STATE MAINTENANCE PLAN (SMP)	651.90	0.00	651.90	1626.00	0.00	1626.00
STANDARD PLAN: BALANCE OF STATE	684.50	294.70	979.20	1707.30	736.80	2444.10
WALWORTH						
ANTHEM BLUE SOUTHEAST	492.56	486.34	978.90	1227.35	1216.05	2443.40
* DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
HUMANA EASTERN	492.56	536.94	1029.50	1227.35	1342.55	2569.90
MERCYCARE HEALTH PLAN	469.10	0.00	469.10	1168.90	0.00	1168.90
UNITEDHEALTHCARE SE	492.56	196.64	689.20	1227.35	491.85	1719.20
UNITY COMMUNITY	483.80	0.00	483.80	1205.70	0.00	1205.70
WEA TRUST PPP	492.56	221.94	714.50	1227.35	555.05	1782.40
STANDARD PLAN: BALANCE OF STATE	492.56	486.64	979.20	1227.35	1216.75	2444.10
WASHBURN						
ANTHEM BLUE NORTHWEST	811.34	33.56	844.90	2024.30	84.10	2108.40
GHC OF EAU CLAIRE	772.70	0.00	772.70	1927.90	0.00	1927.90
* GUNDERSEN LUTHERAN HEALTH PLAN	759.20	0.00	759.20	1894.20	0.00	1894.20
SECURITY HEALTH PLAN	811.34	77.16	888.50	2024.30	193.10	2217.40
STANDARD PLAN: BALANCE OF STATE	811.34	167.86	979.20	2024.30	419.80	2444.10
WASHINGTON						
ANTHEM BLUE SOUTHEAST	723.66	255.24	978.90	1805.16	638.24	2443.40
HUMANA EASTERN	723.66	305.84	1029.50	1805.16	764.74	2569.90
UNITEDHEALTHCARE SE	689.20	0.00	689.20	1719.20	0.00	1719.20
WEA TRUST PPP	714.50	0.00	714.50	1782.40	0.00	1782.40
WPS METRO CHOICE	723.66	223.44	947.10	1805.16	558.74	2363.90
STANDARD PLAN: WAUKESHA	723.66	255.54	979.20	1805.16	638.94	2444.10

* Not Qualified in County

= Low Cost Qualified Plan

2011 Local Low Cost Qualified Plan: Deductible HMO - Deductible Standard Plan (P04)	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WAUKESHA						
ANTHEM BLUE SOUTHEAST	723.66	255.24	978.90	1805.16	638.24	2443.40
* DEAN HEALTH PLAN	488.40	0.00	488.40	1217.20	0.00	1217.20
HUMANA EASTERN	723.66	305.84	1029.50	1805.16	764.74	2569.90
UNITEDHEALTHCARE SE	689.20	0.00	689.20	1719.20	0.00	1719.20
WEA TRUST PPP	714.50	0.00	714.50	1782.40	0.00	1782.40
WPS METRO CHOICE	723.66	223.44	947.10	1805.16	558.74	2363.90
STANDARD PLAN: WAUKESHA	723.66	255.54	979.20	1805.16	638.94	2444.10
WAUPACA						
ANTHEM BLUE NORTHEAST	610.79	218.11	828.90	1522.92	545.48	2068.40
ARISE HEALTH PLAN	610.79	89.41	700.20	1522.92	223.78	1746.70
HUMANA EASTERN	610.79	418.71	1029.50	1522.92	1046.98	2569.90
NETWORK HEALTH PLAN	581.70	0.00	581.70	1450.40	0.00	1450.40
* SECURITY HEALTH PLAN	610.79	277.71	888.50	1522.92	694.48	2217.40
UNITEDHEALTHCARE NE	610.79	49.41	660.20	1522.92	123.78	1646.70
WEA TRUST PPP	610.79	103.71	714.50	1522.92	259.48	1782.40
STANDARD PLAN: BALANCE OF STATE	610.79	368.41	979.20	1522.92	921.18	2444.10
WAUSHARA						
ANTHEM BLUE NORTHEAST	508.73	320.17	828.90	1267.77	800.63	2068.40
HUMANA EASTERN	508.73	520.77	1029.50	1267.77	1302.13	2569.90
NETWORK HEALTH PLAN	508.73	72.97	581.70	1267.77	182.63	1450.40
PHYSICIANS PLUS - MERITER & UW HEALTH	484.50	0.00	484.50	1207.40	0.00	1207.40
SECURITY HEALTH PLAN	508.73	379.77	888.50	1267.77	949.63	2217.40
* UNITEDHEALTHCARE NE	508.73	151.47	660.20	1267.77	378.93	1646.70
WEA TRUST PPP	508.73	205.77	714.50	1267.77	514.63	1782.40
STANDARD PLAN: BALANCE OF STATE	508.73	470.47	979.20	1267.77	1176.33	2444.10
WINNEBAGO						
ANTHEM BLUE NORTHEAST	610.79	218.11	828.90	1522.92	545.48	2068.40
* ARISE HEALTH PLAN	610.79	89.41	700.20	1522.92	223.78	1746.70
HUMANA EASTERN	610.79	418.71	1029.50	1522.92	1046.98	2569.90
NETWORK HEALTH PLAN	581.70	0.00	581.70	1450.40	0.00	1450.40
UNITEDHEALTHCARE NE	610.79	49.41	660.20	1522.92	123.78	1646.70
WEA TRUST PPP	610.79	103.71	714.50	1522.92	259.48	1782.40
STANDARD PLAN: BALANCE OF STATE	610.79	368.41	979.20	1522.92	921.18	2444.10
WOOD						
ARISE HEALTH PLAN	700.20	0.00	700.20	1746.70	0.00	1746.70
SECURITY HEALTH PLAN	735.21	153.29	888.50	1834.04	383.36	2217.40
STANDARD PLAN: BALANCE OF STATE	735.21	243.99	979.20	1834.04	610.06	2444.10