

DODGE COUNTY 2012 HEALTH INSURANCE

HEALTH PLAN	SINGLE MONTHLY CONTRIBUTION			FAMILY MONTHLY CONTRIBUTION		
	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE
DODGE COUNTY QUALIFIED PLANS ARE SHADED GREY.						
STANDARD PLAN: DANE	993.30	463.82	529.48	2479.40	1157.04	1322.36
STANDARD PLAN: MILWAUKEE	1159.30	463.82	695.48	2894.40	1157.04	1737.36
STANDARD PLAN: WAUKESHA	1071.90	463.82	608.08	2675.80	1157.04	1518.76
STANDARD PLAN: BALANCE OF STATE	1071.90	463.82	608.08	2675.80	1157.04	1518.76
STATE MAINTENANCE PLAN	712.90	463.82	249.08	1778.60	1157.04	621.56
ANTHEM BCBS NORTHEAST	932.40	463.82	468.58	2326.80	1157.04	1169.76
ANTHEM BCBS NORTHWEST	1076.30	463.82	612.48	2686.60	1157.04	1529.56
ANTHEM BCBS SOUTHEAST	1039.30	463.82	575.48	2594.10	1157.04	1437.06
ARISE HEALTH PLAN	861.90	463.82	398.08	2150.60	1157.04	993.56
DEAN HEALTH PLAN	575.30	463.82	111.48	1434.10	1157.04	277.06
GHC OF EAU CLAIRE	975.90	463.82	512.08	2435.60	1157.04	1278.56
GHC OF SOUTH CENTRAL WISCONSIN	569.60	463.82	105.78	1419.80	1157.04	262.76
GUNDERSEN LUTHERAN HEALTH PLAN	786.70	463.82	322.88	1962.60	1157.04	805.56
HEALTHPARTNERS	863.20	463.82	399.38	2153.80	1157.04	996.76
HEALTH TRADITION HEALTH PLAN	721.80	463.82	257.98	1800.30	1157.04	643.26
HUMANA-EASTERN	1091.80	463.82	627.98	2725.30	1157.04	1568.26
HUMANA-WESTERN	1091.80	463.82	627.98	2725.30	1157.04	1568.26
MEDICAL ASSOCIATES HEALTH PLAN	658.40	463.82	194.58	1641.80	1157.04	484.76
MERCYCARE HEALTH PLAN	543.90	463.82	80.08	1355.60	1157.04	198.56
NETWORK HEALTH PLAN	648.20	463.82	184.38	1616.30	1157.04	459.26
PHYSICIANS PLUS-MERITER & UW	560.90	463.82	97.08	1398.10	1157.04	241.06
SECURITY HEALTH PLAN	976.40	463.82	512.58	2436.80	1157.04	1279.76
UNITEDHEALTHCARE NE	739.40	463.82	275.58	1844.30	1157.04	687.26
UNITEDHEALTHCARE SE	775.60	463.82	311.78	1934.80	1157.04	777.76
UNITY-COMMUNITY	499.40	463.82	35.58	1244.30	1157.04	87.26
UNITY-UW HEALTH	499.90	463.82	36.08	1245.60	1157.04	88.56
WEA TRUST PPP - EAST	781.60	463.82	317.78	1949.80	1157.04	792.76
WEA TRUST PPP - NORTHWEST	818.40	463.82	354.58	2041.80	1157.04	884.76
WPS METRO CHOICE	1059.70	463.82	595.88	2645.10	1157.04	1488.06

Standard Plan rates are determined by the employer county or the retiree county of residence.

STANDARD PLAN AREA INCLUDES THE FOLLOWING:	DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix
	MILWAUKEE: Milwaukee county & retirees and continuants living out of state
	WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha
	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.

DENTAL BENEFIT	TOTAL	EMPLOYER PAID (FT)	EMPLOYEE PAID (FT)	COBRA
SINGLE	\$ 29.37	\$ 26.70	\$ 2.67	\$ 29.96
FAMILY	\$ 94.17	\$ 85.62	\$ 8.55	\$ 96.05