PUBLIC SAFETY EMPLOYEES INCLUDING MANAGEMENT - BASED ON UNION FINAL OFFER

DODGE COUNTY 2013 HEALTH INSURANCE - DEDUCTIBLE HMO OPTION / STANDARD PPO

HEALTH PLAN	SINGLE MONTHLY CONTRIBUTION				FAMILY MONTHLY CONTRIBUTION		
DODGE COUNTY QUALIFIED PLANS ARE SHADED GREY.	TOTAL	EMPLOYER	EMPLOYEE		TOTAL	EMPLOYER	EMPLOYEE
STANDARD PLAN: DANE	880.90	482.78	398.12		2197.10	1202.32	994.78
STANDARD PLAN: MILWAUKEE	1021.40	482.78	538.62		2548.40	1202.32	1346.08
STANDARD PLAN: WAUKESHA	947.40	482.78	464.62		2363.40	1202.32	1161.08
STANDARD PLAN: BALANCE OF STATE	947.40	482.78	464.62		2363.40	1202.32	1161.08
STATE MAINTENANCE PLAN	684.10	482.78	201.32		1705.70	1202.32	503.38
ANTHEM BCBS NORTHEAST	864.40	482.78	381.62		2156.20	1202.32	953.88
ANTHEM BCBS NORTHWEST	999.60	482.78	516.82		2494.20	1202.32	1291.88
ANTHEM BCBS SOUTHEAST	953.80	482.78	471.02		2379.70	1202.32	1177.38
ARISE HEALTH PLAN	884.00	482.78	401.22		2205.20	1202.32	1002.88
DEAN HEALTH PLAN	583.10	482.78	100.32		1453.00	1202.32	250.68
GHC OF EAU CLAIRE	963.50	482.78	480.72		2404.00	1202.32	1201.68
GHC OF SOUTH CENTRAL WISCONSIN	539.60	482.78	56.82		1344.20	1202.32	141.88
GUNDERSEN LUTHERAN HEALTH PLAN	712.60	482.78	229.82		1776.70	1202.32	574.38
HEALTHPARTNERS	785.70	482.78	302.92		1959.50	1202.32	757.18
HEALTH TRADITION HEALTH PLAN	687.10	482.78	204.32		1713.00	1202.32	510.68
HUMANA-EASTERN	1052.50	482.78	569.72		2626.50	1202.32	1424.18
HUMANA-WESTERN	1052.50	482.78	569.72		2626.50	1202.32	1424.18
MEDICAL ASSOCIATES HEALTH PLAN	663.90	482.78	181.12		1655.00	1202.32	452.68
MEDICARE PLUS*	NA*				NA*		
MERCYCARE HEALTH PLAN	512.10	482.78	29.32		1275.50	1202.32	73.18
NETWORK HEALTH PLAN	662.70	482.78	179.92		1652.00	1202.32	449.68
PHYSICIANS PLUS-MERITER & UW	552.20	482.78	69.42		1375.70	1202.32	173.38
SECURITY HEALTH PLAN	1012.10	482.78	529.32		2525.50	1202.32	1323.18
UNITEDHEALTHCARE NE	725.80	482.78	243.02		1809.70	1202.32	607.38
UNITEDHEALTHCARE SE	759.00	482.78	276.22		1892.70	1202.32	690.38
UNITY-COMMUNITY	497.70	482.78	14.92		1239.50	1202.32	37.18
UNITY-UW HEALTH	474.80	474.80	0.00		1182.20	1182.20	0.00
WEA TRUST PPP - EAST	744.30	482.78	261.52		1856.00	1202.32	653.68
WEA TRUST PPP - NORTHWEST	779.80	482.78	297.02		1944.70	1202.32	742.38
WPS METRO CHOICE NORTHWEST	996.30	482.78	513.52		2486.00	1202.32	1283.68
WPS METRO CHOICE SOUTHEAST	1160.70	482.78	677.92		2897.00	1202.32	1694.68

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

*Members with Standard Plan or SMP coverage who become enrolled in Medicare Parts A and B will automatically be moved to the Medicare Plus plan. All other non-Medicare family members will remain covered under the Standard Plan or SMP.

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