DODGE COUNTY 2010
CONTRIBUTION RATES
FOR FULL-TIME EMPLOYEES

DODGE COUNTY 2010 HEALTH INSURANCE

HEALTH PLAN	SINGLE MONTHLY CONTRIBUTION				FAMILY MONTHLY CONTRIBUTION		
	TOTAL	EMPLOYER	EMPLOYEE		TOTAL	EMPLOYER	EMPLOYEE
STANDARD PLAN: DANE	929.20	511.88	417.32		2319.30	1275.86	1043.44
STANDARD PLAN: MILWAUKEE	1084.50	511.88	572.62		2707.50	1275.86	1431.64
STANDARD PLAN: WAUKESHA	1002.70	511.88	490.82		2502.90	1275.86	1227.04
STANDARD PLAN: BALANCE OF STATE	1002.70	511.88	490.82		2502.90	1275.86	1227.04
STATE MAINTENANCE PLAN	666.90	511.88	155.02		1663.70	1275.86	387.84
ANTHEM BCBS NORTHEAST	1524.10	511.88	1012.22		3806.60	1275.86	2530.74
ANTHEM BCBS NORTHWEST	1106.70	511.88	594.82		2763.10	1275.86	1487.24
ANTHEM BCBS SOUTHEAST	1524.10	511.88	1012.22		3806.60	1275.86	2530.74
ARISE HEALTH PLAN	664.30	511.88	152.42		1657.10	1275.86	381.24
DEAN HEALTH PLAN	508.10	508.10	0.00		1266.60	1266.60	0.00
GHC OF EAU CLAIRE	840.90	511.88	329.02		2098.60	1275.86	822.74
GHC OF SOUTH CENTRAL WISCONSIN	510.60	510.60	0.00		1272.80	1272.80	0.00
GUNDERSEN LUTHERAN HEALTH PLAN	709.70	511.88	197.82		1770.60	1275.86	494.74
HEALTHPARTNERS	820.50	511.88	308.62		2047.60	1275.86	771.74
HEALTH TRADITION HEALTH PLAN	737.90	511.88	226.02		1841.10	1275.86	565.24
HUMANA-EASTERN	1370.10	511.88	858.22		3421.60	1275.86	2145.74
HUMANA-WESTERN	1370.10	511.88	858.22		3421.60	1275.86	2145.74
MEDICAL ASSOCIATES HEALTH PLAN	556.40	511.88	44.52		1387.30	1275.86	111.44
MERCYCARE HEALTH PLAN	506.40	506.40	0.00		1262.30	1262.30	0.00
NETWORK HEALTH PLAN	601.90	511.88	90.02		1501.10	1275.86	225.24
PHYSICIANS PLUS-MERITER & UW	506.70	506.70	0.00		1263.10	1263.10	0.00
SECURITY HEALTH PLAN	978.00	511.88	466.12		2441.30	1275.86	1165.44
UNITEDHEALTHCARE NE	691.40	511.88	179.52		1724.80	1275.86	448.94
UNITEDHEALTHCARE SE	699.80	511.88	187.92		1745.80	1275.86	469.94
UNITY-COMMUNITY	487.50	487.50	0.00		1215.10	1215.10	0.00
UNITY-UW HEALTH	488.00	488.00	0.00		1216.30	1216.30	0.00
WPS METRO CHOICE	957.10	511.88	445.22		2389.10	1275.86	1113.24

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 familymembers 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)	MILITARY (EMPLR PD)	COBRA
SINGLE	$ 25.43	$ 25.43	$ 25.43	$ 25.94
FAMILY	$ 81.54	$ 81.54	$ 81.54	$ 83.17