

The chart below shows the total premium and the amount you will pay if eligible for COBRA Premium Assistance. If not eligible for the ARRA Premium Reduction, you will pay the total premium amount.

PLAN	2010 Health Insurance COBRA Rates Monthly Premiums for 2010 Coverage				2009 Health Insurance COBRA Rates Monthly Premiums for 2009 Coverage			
	Single Total	35% of Premium	Family Total	35% of Premium	Single Total	35% of Premium	Family Total	35% of Premium
Standard Plan	1,074.00	375.90	2,681.60	938.56	985.30	344.86	2,459.40	860.79
Standard Plan--Out of State	1,074.00	375.90	2,681.60	938.56	985.30	344.86	2,459.40	860.79
State Maintenance Plan (SMP)	664.60	232.61	1,657.70	580.20	609.70	213.40	1,520.80	532.28
Anthem BCBS NE	615.50	215.43	1,535.00	537.25	609.50	213.33	1,520.10	532.04
Anthem BCBS NW	599.70	209.90	1,495.50	523.43	711.80	249.13	1,775.80	621.53
Anthem BCBS SE	724.50	253.58	1,807.50	632.63	654.50	229.08	1,632.60	571.41
Arise Health Plan	672.40	235.34	1,677.30	587.06	609.70	213.40	1,520.60	532.21
Dean Health Plan	574.70	201.15	1,433.00	501.55	524.80	183.68	1,308.30	457.91
GHC - Eau Claire	766.70	268.35	1,913.00	669.55	692.10	242.24	1,726.60	604.31
GHC - South Central	569.10	199.19	1,419.00	496.65	521.90	182.67	1,301.10	455.39
Gundersen Lutheran	685.90	240.07	1,711.00	598.85	633.80	221.83	1,580.80	553.28
HealthPartners	689.00	241.15	1,718.80	601.58	NA	NA	NA	NA
Health Tradition	720.10	252.04	1,796.50	628.78	639.60	223.86	1,595.30	558.36
Humana Eastern	727.00	254.45	1,813.80	634.83	681.10	238.39	1,699.10	594.69
Humana Western	700.20	245.07	1,746.80	611.38	647.40	226.59	1,614.80	565.18
Medical Associates	564.50	197.58	1,407.50	492.63	517.40	181.09	1,289.80	451.43
MercyCare Health Plan	564.10	197.44	1,406.50	492.28	508.50	177.98	1,267.60	443.66
Network Health Plan	645.50	225.93	1,610.00	563.50	585.00	204.75	1,458.80	510.58
Physicians Plus	575.10	201.29	1,434.00	501.90	532.70	186.45	1,328.10	464.84
Security Health Plan	743.00	260.05	1,853.80	648.83	671.10	234.89	1,674.10	585.94
UnitedHealthCare NE	653.40	228.69	1,629.80	570.43	590.40	206.64	1,472.30	515.31
UnitedHealthCare SE	672.90	235.52	1,678.50	587.48	641.80	224.63	1,600.80	560.28
Unity Community	626.40	219.24	1,562.30	546.81	613.30	214.66	1,529.60	535.36
Unity UW-Health	576.10	201.64	1,436.50	502.78	531.60	186.06	1,325.30	463.86
WPS Metro Choice	675.10	236.29	1,684.00	589.40	661.80	231.63	1,650.80	577.78

The charts below show the total premium and the amount you will pay if eligible for COBRA Premium Assistance. If not eligible for the ARRA Premium Reduction, you will pay the total premium amount.

2009 & 2010 EPIC Dental and Excess Medical Insurance Group #3180					
Monthly Premiums for Coverage in 2009 & 2010					
Employee	35% of Premium Total	Employee +1	35% of Premium Total	Family	35% of Premium Total
\$16.70	\$5.85	\$33.40	\$11.69	\$50.10	\$17.54

2009 Optum Health Vision Plan*							
Monthly Premiums for Coverage in 2009 Only							
Employee	35% of Premium Total	Employee + Spouse or Domestic Partner	35% of Premium Total	Employee + Children	35% of Premium Total	Employee + Family	35% of Premium Total
\$5.83	\$2.04	\$11.34	\$3.97	\$11.88	\$4.16	\$17.82	\$6.24

2010 VSP Vision Plan*							
Monthly Premiums for Coverage Effective 1/1/2010							
Employee	35% of Premium Total	Employee + Spouse or Domestic Partner	35% of Premium Total	Employee + Children	35% of Premium Total	Employee + Family	35% of Premium Total
\$5.24	\$1.83	\$10.49	\$3.67	\$11.23	\$3.93	\$17.93	\$6.28

* If you continue your 2009 OptumHealth Vision coverage through COBRA, you have the option to change to VSP Vision Insurance effective January 1, 2010.

For information about VSP, go to: <http://www.vsp.com/go/stateofwiemployees>

2009 & 2010 Anthem DentalBlue							
Monthly Premiums for Coverage in 2009 & 2010							
	Plan	Employee	35% of Premium Total	Employee + 1	35% of Premium Total	Employee + 2 or more	35% of Premium Total
Region 1: (Kenosha, Milwaukee, Ozaukee, Racine, Washington & Waukesha Counties)	HMO	\$23.27	\$8.14	\$46.55	\$16.29	\$74.47	\$26.06
Region 2: (All other WI Counties)	HMO	\$28.78	\$10.07	\$57.56	\$20.15	\$92.10	\$32.24
Regions 1 & 2	PPO	\$23.51	\$8.23	\$47.01	\$16.45	\$77.56	\$27.15
Regions 1 & 2	Supplemental	\$16.59	\$5.81	\$33.19	\$11.62	\$49.80	\$17.43