

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.

	2011 Health Insurance COBRA Rates Monthly Premiums for 2011 Coverage			
PLAN	Single Total	35% of Premium	Family Total	35% of Premium
Standard Plan	1,147.60	401.66	2,865.60	1,002.96
Standard Plan--Out of State	1,147.60	401.66	2,865.60	1,002.96
State Maintenance Plan (SMP)	710.20	248.57	1,771.60	620.06
Anthem BCBS NE	655.70	229.50	1,635.40	572.39
Anthem BCBS NW	667.80	233.73	1,665.70	583.00
Anthem BCBS SE	769.30	269.26	1,919.14	671.70
Arise Health Plan	726.00	254.10	1,811.20	633.92
Dean Health Plan	597.70	209.20	1,490.40	521.64
GHC - Eau Claire	781.30	273.46	1,949.40	682.29
GHC - South Central	584.20	204.47	1,456.70	509.85
Gundersen Lutheran	763.10	267.09	1,903.90	666.37
HealthPartners	724.70	253.65	1,807.90	632.77
Health Tradition	781.00	273.35	1,948.70	682.05
Humana Eastern	778.00	272.30	1,941.20	679.42
Humana Western	778.00	272.30	1,941.20	679.42
Medical Associates	605.70	212.00	1,510.40	528.64
MercyCare Health Plan	602.40	210.84	1,502.20	525.77
Network Health Plan	696.50	243.78	1,737.40	608.09
Physicians Plus	608.40	212.94	1,517.20	531.02
Security Health Plan	781.30	273.46	1,949.40	682.29
UnitedHealthCare NE	704.30	246.51	1,756.90	614.92
UnitedHealthCare SE	731.50	256.03	1,824.90	638.72
Unity Community	661.10	231.39	1,648.90	577.12
Unity UW-Health	592.90	207.52	1,478.40	517.44
WEA Trust PPP	777.30	272.06	1,939.40	678.79
WPS Metro Choice	740.50	259.18	1,847.40	646.59

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.

2011 EPIC Benefits+ Group #3180						
Monthly Premiums for Coverage in 2011						
	Employee	35% of Premium Total	Employee +1	35% of Premium Total	Family	35% of Premium Total
Without Vision	\$16.70	\$5.85	\$33.40	\$11.69	\$50.10	\$17.54
With Vision	\$20.70	\$7.25	\$40.47	\$14.16	\$60.49	\$21.17

2011 VSP Vision Plan							
Monthly Premiums for Coverage in 2011							
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

2011 Anthem DentalBlue							
Monthly Premiums for Coverage in 2011							
	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

2011 Dental Wisconsin								
Monthly Premiums for Coverage in 2011								
	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
Select Plan	\$16.99	\$5.95	\$34.93	\$12.23	\$40.30	\$14.11	\$59.28	\$20.75
PPO Plan	\$25.54	\$8.94	\$54.08	\$18.93	\$60.47	\$21.16	\$91.41	\$31.99