

Consumer's Guide to

Managed Care Health Plans In Wisconsin



**State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873**

**OCI's World Wide Web Home Page:
oci.wi.gov**

**The mission of the Office of
the Commissioner of Insurance . . .
Leading the way in informing and protecting
the public and responding to their insurance needs.**

If you have a specific complaint about your insurance, refer it first to the insurance company or agent involved. If you do not receive satisfactory answers, contact the Office of the Commissioner of Insurance (OCI).

For information on how to file an insurance complaint call:

(608) 266-0103 (In Madison)
or
1-800-236-8517 (Statewide)

Mailing Address

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

Electronic Mail

ocicomplaints@wisconsin.gov

Please indicate your name, phone number, and e-mail address.

OCI's World Wide Web Home Page

oci.wi.gov

For your convenience, a copy of [OCI's complaint form](#) is available at the back of this booklet. A copy of OCI's complaint form is also available on OCI's Web site.

A list of [OCI's publications](#) is included at the back of this booklet. Copies of OCI publications are also available online on OCI's Web site.

**Deaf, hearing, or speech impaired callers may
reach OCI through WI TRS**

This guide is not a legal analysis of your rights under any insurance policy or government program. Your insurance policy, program rules, Wisconsin law, federal law, and court decisions establish your rights. You may want to consult an attorney for legal guidance about your specific rights.

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Printed copies of publications are updated annually unless otherwise stated. In an effort to provide more current information, publications available on OCI's Web site are updated more frequently than the hard copy versions to reflect any necessary changes. Visit OCI's Web site at **oci.wi.gov**.

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Definitions

- Case Management**—A process by which an enrollee with a serious, complicated, or chronic health condition is identified by a managed care organization and a plan of treatment is established in order to achieve optimum health in a cost-effective manner.
- Closed Panel**—A type of health plan that requires enrollees to seek care from a medical provider who is either employed by or under contract to the health maintenance organization or limited service health organization.
- Coinsurance**—A provision in insurance policies that requires the enrollee to pay a percentage of all eligible medical expenses in excess of the deductible.
- Copayment**—A provision in insurance policies that requires the enrollee to pay a flat fee for certain medical services.
- Deductible**—The portion of eligible medical expenses that the enrollee must pay before the plan will make any benefit payments.
- Defined Network Plan**—Any health benefit plan that requires or creates incentives for an enrollee to use providers that are owned, managed, or under contract with the insurer offering the plan. This type of plan is sometimes referred to as a managed care plan.
- Emergency Care**—A medical emergency includes severe pain, an injury, sudden illness, or suddenly worsening illness that would cause a reasonably prudent layperson to expect that delay in treatment may cause serious danger to the person's health if he does not get immediate medical care.
- Formulary**—A list of prescription medications covered by an insurance plan.
- Grievance**—Any dissatisfaction with the administration, claims practices, or provision of services by a managed care plan, limited service health organization, or preferred provider plan that is expressed in writing to the insurer by, or on behalf of, an enrollee.
- Health Maintenance Organization (HMO)**—A health care financing and delivery system that provides comprehensive health care services for enrollees in a particular geographic area. HMOs require the use of specific plan providers.
- Independent Review**—An appeal process in which a health care professional with no connection to an enrollee's health plan reviews a dispute over whether treatment is medically necessary or experimental.
- Individual Practice Association (IPA)**—An association of physicians that contracts with a health maintenance organization, limited service health organization, or preferred provider plan to provide health care services.
- Limited Service Health Organization (LSHO)**—A health care plan that makes available to its enrollees a limited range of health care services, such as dental or eye care, performed by providers selected by the organization.
- Managed Care**—A health insurance plan that makes available to its enrollees health care services performed by providers selected by the plan and that seeks to manage the cost, accessibility, and quality of care.
- Managed Care Plan**—Any health plan that requires or creates incentives for an enrollee to use providers that are owned, managed, or under contract with the insurer offering the health benefit plan.
- Medicare Advantage Plan**—A federal program providing Medicare coverage through the private insurance market. These plans have a special arrangement between the federal Centers for Medicare & Medicaid Services (CMS) and certain insurance companies. The federal government pays the insurance company a set amount for each Medicare enrollee. The insurance company agrees to provide all Medicare benefits. The insurance company may provide some additional benefits, but it may also require payment

of an additional premium. Medicare Advantage plans that are HMOs or preferred provider plans have a "lock in" requirement which means that, except for emergency or urgent care situations away from home, the enrollee must receive all services, including Medicare services, from plan providers.

Medicare Appeal—A benefit appeal under Medicare or a Medicare Advantage plan subject to the Medicare grievance process and not subject to the state law.

Medicare Part D—A federal program providing some assistance for Medicare beneficiaries to pay for outpatient prescription drug costs. The program is optional and available to Medicare beneficiaries eligible for Medicare Part A and/or enrolled in Part B. The prescription drug plan (PDP) benefits are administered by private companies, some of which are insurance companies.

Medicare Select—A Medicare supplement health insurance product that will pay the Medicare deductibles and copayments and some additional benefits only if the covered services are obtained through specified health care professionals.

Open Panel—A type of health plan other than a closed panel plan that allows covered enrollees to receive care from the provider of their choice and allows any provider to participate. These plans may provide incentives for the enrollee to use providers participating in the plan.

Point-of-Service Plan—A type of managed care plan that provides financial incentives to encourage enrollees to use network providers but allows enrollees to choose providers outside the plan.

Preauthorization/Precertification—A provision in insurance policies that requires prior approval by a managed care plan or limited service health organization in order for services to be covered by the plan.

Preferred Provider Organization (PPO)—An organization that contracts with insurers and other organizations to provide health care services at a discounted cost by providing incentives to members to use physicians and other health care providers that contract with the PPO.

Preferred Provider Plan (PPP)—A health care plan that makes available to its enrollees either comprehensive health care services or a limited range of health care services performed by providers selected by the plan. It allows enrollees to use providers outside the network, but enrollees may be liable for a significant portion of these claims.

Primary Care Provider—A provider selected by a managed care plan or LSHO to provide or arrange health care services for an enrollee and who is designated by the enrollee.

Referral—A process by which the primary care physician makes a request to a managed care plan on behalf of the enrollee to receive medical care from a nonparticipating provider or specialist.

Urgent Care—Medically necessary care for an accident or illness that is needed sooner than a routine doctor's visit.



Managed Care Health Plans

The cost of health care delivery and competition in the health care market has resulted in the development of new ways of providing and paying for health care services. In Wisconsin, there are several alternative delivery systems, all of which are considered some form of managed care plans, such as health maintenance organizations and preferred provider plans.

Health Maintenance Organizations (HMO)

An HMO is a health insurance plan that provides comprehensive, prepaid medical care. It differs from a traditional insurer because it both pays for and provides the medical care. Persons insured by an HMO plan are referred to as enrollees.

In contrast to a traditional health insurance plan, an HMO generally operates on a closed-panel basis. This means that enrollees are required to seek care from a medical provider who is either employed by or under contract to the HMO.

HMOs limit care to a specific geographic area. Except for **serious emergencies** or the need for **urgent care** outside the service area, the HMO will probably not pay for care that enrollees receive from a provider who is not affiliated with the HMO unless the HMO physician refers an enrollee to that provider.

There are now many HMOs that permit enrollees to choose providers who are not on the panel if the enrollee is willing to pay a larger portion of the cost. A typical “**point-of-service**” plan permits an enrollee to make the choice at the time the services are needed. If an enrollee in a point-of-service plan chooses a non-HMO provider, he or she may have to pay a deductible and coinsurance.

HMOs are regulated as insurance companies by the Office of the Commissioner of Insurance (OCI). To do business in the state, an HMO must meet certain financial requirements and abide by relevant insurance laws. OCI must approve policies before they are sold to ensure they comply with state laws.

Limited Service Health Organizations (LSHO)

An LSHO is the same as an HMO except that it provides a limited range of health care services. For example, a dental LSHO provides only specific dental services.

Like an HMO, an LSHO operates in a certain geographic area, is limited to specific providers, provides care on a prepaid basis, and is regulated by OCI. The LSHO will normally not pay for services received from a provider who is not affiliated with the organization.

Preferred Provider Plans (PPP)

A PPP pays a specific level of benefits if certain providers are used, and a lesser amount if non-PPP providers are utilized.

A PPP must provide reasonable access to network providers in the service area. However, a PPP is not required to offer a choice of participating providers in each geographic area.

PPPs may require that enrollees pay coinsurance of up to 50% for services provided by nonparticipating providers. **Enrollees should read their policies carefully before seeking services from nonparticipating providers.**

Like an HMO and an LSHO, a PPP operates in a certain geographic area, is limited to specific providers, and is regulated by OCI. A PPP that has a provider agreement with a hospital may not have an agreement with every provider who provides services at the hospital, such as anesthesiologists, pathologists, and radiologists.

Managed care plans and LSHOs are subject to a variety of state law requirements. Following are some of the more important requirements:

Provider Directories

A managed care plan and LSHO will provide an enrollee with a provider directory listing hospitals, primary care physicians, and specialty providers from whom the enrollee may obtain services. These directories are updated annually. Most plans also make provider directories available on their Web sites. However, the enrollee should inquire at the time of making an appointment as to whether the provider is currently a member of the managed care organization.

Continuity of Care

If an HMO plan represented a primary care physician (defined as a physician specializing in internal medicine, pediatrics, or family practice) as being available during an open enrollment period, it must make the physician available at no additional cost for the entire plan year. A specialist provider must be made available for the lesser of the course of treatment or 90 days. If an enrollee is in her second trimester of pregnancy, the provider must be available through postpartum care. The exceptions are for a provider who is no longer practicing in the managed care plan's service area or who was terminated from the plan for misconduct.

Referral Procedure

Some HMOs and LSHOs require a referral from a primary care physician before an enrollee can see another plan provider. All HMOs and LSHOs require the enrollee to have a referral that has been approved by the plan before going to a non-plan provider. The certificate booklet includes information on the procedure to follow and any notification requirements.

A managed care plan may not require a referral from a physician for services from a plan chiropractor. It must also allow a woman to receive obstetrical and gynecological services from a plan physician who specializes in obstetrics or gynecology without requiring a referral from her primary care provider.

Managed care plans must have a procedure allowing for standing referrals. A standing referral authorizes an enrollee to be seen by a specialist provider for a specific duration of time or specific number of visits without having to obtain a separate referral from the primary provider for each visit to the specialist.

If an enrollee goes to a non-HMO provider without an approved referral, the claim for those services will not be reimbursed by the HMO or LSHO. Enrollees have the right to file a grievance when a referral is denied.

Questions and Complaints

OCI has an Information and Complaints section dedicated to answering insurance-related questions and assisting individuals who are experiencing problems with their insurance company or their insurance agent. If you have a question regarding your managed care plan or LSHO, contact OCI at:

Office of the Commissioner of Insurance (OCI)
P. O. Box 7873
Madison, WI 53707-7873
(608) 266-0103 (In Madison)
1-800-236-8517 (Statewide)

If you have a complaint about your managed care plan or LSHO, you may file a written complaint with OCI. OCI investigates all complaints where it has jurisdiction to help you resolve your problem. For your convenience, there is a [complaint form](#) at the end of this booklet.

Grievance Procedure

Enrollees may wish to first contact the managed care plan or LSHO with a question or complaint. Many complaints can be resolved quickly and require no further action. However, filing a complaint with the plan first is not required. An enrollee can file a complaint with the appropriate state agency instead of, before, or at the same time as filing with the managed care plan or LSHO.

All health insurance plans, including all managed care plans and LSHOs, are required to have an internal grievance procedure for those who are not satisfied with the service they receive. The managed care plan or LSHO must provide each enrollee with complete and understandable information about how to use the grievance procedure. An enrollee has the right to appear in person before the grievance committee and present additional information.

Managed care plans and LSHOs are required to have a separate expedited grievance procedure for situations where the medical condition requires immediate medical attention. The procedure requires managed care organizations to resolve an expedited grievance within 72 hours after receiving the grievance.

Managed care plans and LSHOs are required to file a report with OCI listing the number of grievances they had in the previous year. A summary of this information for HMOs and LSHOs for 2006, 2007, and 2008 is included in this publication on [pages 19-22](#). PPP grievance information for 2007 and 2008 is listed on [pages 23-26](#).

Independent Review

There is an additional way for enrollees to resolve some disputes involving medical necessity or experimental treatment decisions. The health plan is required to provide enrollees with information on the availability of the independent review process whenever it makes a determination that is eligible for an independent review. In most instances, the enrollee will first complete the health plan's internal grievance process. However, the enrollee may bypass the internal grievance process if he or she needs immediate medical care or if the health plan agrees. The independent review process provides the enrollee with an opportunity to have medical professionals who have no connection to the health plan review the dispute. The enrollee may request that an independent review organization (IRO) review the health plan's decision. The enrollee chooses the IRO from [a list of review organizations](#) certified by OCI. The IRO assigns the dispute to a clinical peer reviewer who is an expert in the treatment of the enrollee's medical condition. The IRO has the authority to determine whether the treatment should be covered by the health plan.

For more information on the independent review process, you may request "[Fact Sheet on the Independent Review Process in Wisconsin](#)" listed on the order form in the back of this booklet.

Managed Care Specialist

The Office of the Commissioner of Insurance has a Managed Care Specialist to assist Wisconsinites who have managed care insurance. The Managed Care Specialist will:

- Answer consumers' questions and inform them of their consumer rights and responsibilities
- Help consumers resolve more complex complaints concerning managed care
- Administer the independent review program
- Monitor the managed care marketplace

You can contact the OCI's Managed Care Specialist at the following electronic mail address: ocihmo@wisconsin.gov. You can also call the Information and Complaints line: 1-800-236-8517 (toll-free in Wisconsin) to be connected to the Managed Care Specialist.

Disenrollment

An HMO and an LSHO must disclose in the policy and certificate any circumstances under which an enrollee may be disenrolled. Disenrollment proceedings may be initiated only for the following reasons:

- The enrollee has failed to pay required premiums by the end of the grace period.
- The enrollee has committed acts of physical or verbal abuse that pose a threat to providers or other members of the organization.
- The enrollee has allowed a nonmember to use the HMO's or LSHO's certification card to obtain services or has knowingly provided fraudulent information in applying for coverage.
- The enrollee has moved outside of the geographical service area of the organization.
- The enrollee is unable to establish or maintain a satisfactory physician-patient relationship with the physician responsible for the enrollee's care.

Enrollees have the right to file a grievance when a disenrollment proceeding is initiated.

Second Opinions

Every managed care plan must cover a second opinion from another provider within the managed care plan provider network.

Emergency Care

Every health plan offered in Wisconsin that covers emergency care, including managed care plans, must cover services required to stabilize a condition that most people would consider to be an emergency, without prior authorization. Managed care plans are permitted to charge a reasonable copayment or coinsurance for this benefit.

Quality Assurance Plans

HMO plans are required to develop quality assurance plans to monitor the quality of the health care that their members receive. One way they do this is by collecting data on how often members receive certain medical services and how satisfied enrollees are with the plan. They can then compare their performance to national standards. The HMOs are required to submit to OCI a report every year that includes a sample of this data. The measures chosen are intended to cover a broad range of medical services in order to provide you with an overview of the health plan's performance. The graphs on [pages 28-35](#) summarize the data provided by the HMOs.

Requirements Applicable to All Health Plans

Employer's Responsibility



No Wisconsin state or federal insurance law requires employers to offer or provide health insurance for employees. However, if an employer decides to offer health insurance to employees, both state law and federal law impose certain requirements.

An insurer that offers coverage to an employer group must offer coverage to all eligible employees regardless of any employee's health condition. The federal [Health Insurance Portability and Accountability Act \(HIPAA\)](#) and state law place limits on exclusions of preexisting conditions. Plans are required to offer special enrollment periods for all new dependents due to marriage, birth, or adoption and for employees/dependents who initially declined plan coverage because they were covered under another plan.

Mandated Benefits

Health insurance policies sold in Wisconsin often include "mandated benefits." These are benefits that an insurer must include in certain types of health insurance policies. Except for HMOs organized as cooperatives under ch. 185, Wis. Stat., HMOs are required to provide the same benefits as traditional insurers.

The mandated benefits required by Wisconsin state law include coverage for: health care services provided by certain nonphysician health care providers; adopted children; handicapped children; nervous and mental disorders, alcoholism, and other drug abuse; home health care; skilled nursing care; kidney disease; mammography; newborn infants; grandchildren born to dependent children under the age of 18 who are covered by the policy; diabetes; lead screening; temporomandibular joint treatment; breast reconstruction following a mastectomy; anesthesia for certain dental procedures; maternity coverage for all persons covered under the policy if it provides maternity coverage for anyone; and immunizations for children under the age of 6.

If a health insurance plan limits coverage of an experimental treatment, procedure, drug, or device, the insurer is required to clearly disclose those limitations in the policy. Additionally, the insurer must have a process for the enrollee to request a timely review of a denied experimental treatment.

If the health insurer limits coverage of drugs to those on a preapproved list, often called a formulary, the insurer must have a process for the enrollee's physician to present medical evidence to request coverage of a drug that is not on the approved list.

Health insurance plans must provide at least the minimum mandated coverage but may provide benefits that are greater than those mandated by law.

For more information on mandated benefits, you may request "[Fact Sheet on Mandated Benefits in Health Insurance Policies](#)" listed on the order form in the back of this booklet.

Terminations, Denials, and Cancellations

New Policies

When a policy first becomes effective, the insurer may cancel that policy any time within the first 60 days without providing a reason for the cancellation. The cancellation is not effective until at least ten days after the insurance company mails or delivers a written notice of cancellation.

Renewal with Altered Terms

Sometimes an insurer will renew a policy but will raise the rates or make the terms less favorable to the insured. An insurer may not alter the terms of coverage until 60 days after a notice is mailed to the insured individual or group policyholder. To be effective, the notice must be mailed or delivered prior to the renewal date. If the notice is given less than 60 days before the renewal date, the new terms or premium increase will not become effective until 60 days have elapsed from the date the notice is given. These conditions do not apply if the only change is a rate increase of less than 25%.

Renewal of Health Policies

All fully insured comprehensive group and individual health insurance policies are guaranteed renewable under HIPAA and state law as long as premiums are paid on time and certain other conditions are met. Although these policies are guaranteed renewable, premiums may be raised. Guaranteed renewability does not extend to limited benefit plans such as LSHOs, hospital indemnity, or single disease plans.

Managed care plans and LSHOs may also require the enrollee to continue to reside in the service area and may raise premiums on their policies.

An optionally renewable policy is one under which the insurer retains some right to refuse renewal. Some health policies are issued for only a short time and are not renewable.

Nonrenewals

If an insurer decides it does not want to renew a policy, it must mail or deliver to the insured individual a nonrenewal notice at least 60 days before the policy's expiration date. The nonrenewal notice must include the specific reasons for nonrenewal.

If an insurer fails to provide notice prior to the expiration date, it must continue the coverage under the terms and premium of the prior policy for the term of the policy or one year, whichever is less.

If an individual is nonrenewed solely because of the termination of an agent's contract with the insurer, the insurer must continue the coverage if the individual requests the insurer to do so in writing prior to the expiration date and meets the insurer's eligibility requirements.

Midterm Cancellations

A midterm cancellation is a cancellation that occurs during the policy term and prior to the policy's expiration or renewal date. An insurance company may cancel coverage during this period only if the premium is not paid or if the policy states other reasons for canceling. The insurer must either mail or deliver to the insured individual a written cancellation notice. No cancellation is effective until at least ten days after the mailing or delivery of the notice.

Grace Period

Although an insurer may cancel a policy for nonpayment of premium, the insured individual may be entitled to a grace period. This is the period during which coverage continues even if the premium has not been paid. For health insurance the grace period is seven days for weekly premium policies, ten days for monthly premium policies, and one month for all other policies.

Anniversary Cancellations

This refers to a policy written for an indefinite term or for more than one year. These policies may be canceled on any anniversary date if the policies contain cancellation provisions. If the insurer decides to cancel the policy on an anniversary date, it must mail or deliver a written notice at least 60 days prior to the anniversary date.

Continuation/Conversion

Federal law requires employers with 20 or more employees to permit persons who would otherwise lose coverage under the plan to continue coverage for 18, 29, or 36 months if they pay the full premium and meet certain notice and eligibility requirements. Federal law applies to both insured and employer self-funded plans.

Similar to federal law, Wisconsin law also allows most persons who would otherwise lose their health coverage the opportunity to continue under the group plan for 18 months if they pay the full premium and meet certain criteria. The state law applies to all insured employer plans, regardless of the size. State law does not apply to employers who self-fund their health insurance plan.

State law also requires that insurers offer persons eligible for continuation the right to convert to an individual conversion policy that meets certain criteria established by OCI. The premium for conversion policies is typically much higher than a standard individual policy due to the poor health status of most people applying for conversion policies.

Federal law requires the employer to offer a conversion policy to someone who continues coverage if a conversion policy is ordinarily offered to other group members.

For more information on the federal law, **private employers** may contact:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210
Phone: (202) 219-8776
1-866-444-3272
Web site: www.dol.gov/ebsa



Other Health Insurance Options

Health Insurance Risk-Sharing Plan

The Wisconsin Legislature created the Health Insurance Risk-Sharing Plan (HIRSP) in 1980. This was in response to its recognition that certain individuals, because of their health problems, are unable to secure health insurance through the private market.

You are eligible for HIRSP if you have received, because of some health condition, one of the following within nine months prior to application: a notice of rejection or cancellation from two or more health insurers, a notice of a substantial reduction in benefits, or a notice of premium increase 50% above the standard rate. Persons with HIV or AIDS automatically qualify for HIRSP. You also must be less than 65 years of age.

In 1998, HIRSP was expanded to include individuals who lost employer-sponsored health insurance coverage. You are eligible if you have at least 18 months of prior insurance coverage, have no break in coverage longer than 63 days, AND you have exhausted all your continuation coverage. You do not have to serve the six-month waiting period for preexisting conditions under HIRSP.

HIRSP has multiple policy deductible options, including a Health Savings Account (HSA) qualified plan and a high deductible plan. An option for individuals with Medicare is also available. You must enroll in a Medicare Part D prescription drug plan to be eligible for Plan 2. HIRSP has a six-month waiting period for coverage of preexisting conditions unless you apply within 63 days of losing employer-sponsored coverage.

You are required to pay premiums for HIRSP coverage. You will also be responsible for cost-sharing, such as deductibles and coinsurance. A state subsidy is available for low-income persons to help pay for premiums and deductibles. Despite HIRSP's limitations, it is the only health coverage available to some individuals.

Information on HIRSP may be obtained by contacting:

HIRSP Customer Service
1751 West Broadway
P.O. Box 8961
Madison, Wisconsin 53708-8961
(608) 221-4551 (In Madison)
1-800-828-4777 (Statewide)
(608) 226-8770 fax
www.hirsp.org

BadgerCare Plus

BadgerCare Plus is a program for children under 19 years of age in Wisconsin, regardless of income, if they do not have access to health insurance. BadgerCare Plus also offers access to comprehensive, affordable health care to many families and pregnant women in Wisconsin.

If your family income is below 200% of the federal poverty level (FPL) (www.badgercareplus.org/fpl.htm), you may enroll in the Standard Plan. The Standard Plan has minimal copayments for services such as prescription drugs, doctor visits, going to the hospital, or using the emergency room. There are no copayments for well child checkups and other preventive services.

If you are a child or a pregnant woman and your family income is above 200% of the federal poverty level or if you are self-employed, you will be enrolled in the Benchmark Plan. The Benchmark Plan has higher

copayments than the Standard Plan for services such as prescription drugs, doctor visits, going to the hospital, or using the emergency room. There are no copayments for well child checkups and other preventive services.

If you would like more information about BadgerCare Plus, call 1-800-362-3002, or visit its Web site at www.badgercareplus.org. You may also contact your County/Tribal Social or Human Services Departments at www.forwardhealth.wi.gov and click on Member Contacts.

Questions and Concerns About Your Health Insurance

All companies and agents doing business in Wisconsin are licensed by the Office of the Commissioner of Insurance (OCI). To find out if a company is licensed call (608) 267-9456. For information regarding agents, call (608) 266-8699 or you may call toll-free 1-800-236-8517.

OCI does not have the authority to force a company to insure anyone. However, OCI can take action against agents or insurers who misrepresent coverage, unfairly discriminate, or violate Wisconsin's insurance laws.

In addition to the HMO, LSHO, or PPP, state agencies and your employer may help with complaints. The state agencies to contact are:

Office of the Commissioner of Insurance (OCI)
P. O. Box 7873
Madison, WI 53707-7873
(608) 266-0103 (In Madison)
1-800-236-8517 (Statewide)
Telephone Message System

**Deaf, hearing, or speech impaired callers
may reach OCI through WI TRS.**

OCI investigates all written complaints against HMOs, LSHOs, and all other insurance companies. Examples of when to contact OCI include: delays in paying claims, underwriting problems including refusal to insure, deceptive or false advertising, misrepresentation by the HMO or LSHO, failure to provide services guaranteed by the policy, and lack of disclosure about what is or is not covered by the policy.

**Medicaid and BadgerCare Plus
Managed Care Ombudsmen**
P.O. Box 6470
Madison, WI 53716-0470
1-800-760-0001
(TTY and translation services available)

The Wisconsin Department of Health Services (DHS) has established a special grievance procedure for Medicaid enrollees in HMOs to use when they need general information or want to file a complaint. This information is available from EDS as listed above. DHS also encourages the enrollees to contact their individual HMO member services department if they have questions.

Department of Regulation and Licensing (DR&L)
P.O. Box 8935
Madison, WI 53708-8935
(608) 266-7482
drl.wi.gov

DR&L, through its professional boards, licenses physicians and most other health care providers and takes disciplinary action against a licensee who is proven not to meet minimum standards of professional conduct.



Frequently Asked Questions



How do I select a health plan?

Think about what is most important to you in a health plan: low cost; availability of a specific physician, clinic, or hospital; freedom to see any physician you want; or convenient location of facilities. If you like the physician you are currently seeing, check to see if he or she is a provider in the plan you are considering. If you or a dependent has special medical needs, check that the plan you are considering has adequate medical services and providers for that specialty.

In completing the application, I had to choose a primary care provider. What does that mean?

Your primary care provider is responsible for managing your health care needs. Many HMOs require its members to receive all care from the primary care provider or with a referral from the primary care provider.

What can I do if I want a different primary care provider?

Every plan has its own procedures for changing primary care providers. Some plans will only allow you to change primary care providers once during the year. Others allow you to change as often as you like. This should be explained in your member handbook, or your employer may be able to assist you.

What happens if I need care immediately?

If you need emergency care, most plans will allow you to go to the nearest provider. If it is not an emergency but you need care sooner than a routine doctor's visit, you may be required to go to a plan provider. You should always contact your primary care provider or the insurance company as soon as possible. Some plans require you to pay an additional portion of the charges if you do not contact them within 48 hours of receiving care in an emergency room.

Does it matter if the specialist to whom I am referred is a plan provider?

Yes. Most closed panel plans will require you to see a specialist who is a plan provider if one is able to provide the services you need.

My primary care provider referred me to a nonplan provider. Do I have to contact the insurance company before my appointment?

Yes. Most closed panel plans require a referral to a nonplan provider be preauthorized by the insurance company before the appointment. In some cases, your primary care provider may submit the referral request to the insurer for you, and the insurer will send you a notice letting you know if the referral has been approved. In some cases, you may be required to contact the insurer directly. In any case, if you have not received the authorization from the insurance company prior to your appointment, you should contact the company to determine if the service will be covered.

How are students or dependents living out of the service area covered?

Dependents who live out of the area are generally covered for emergency or urgent medical problems. The dependent would be required to receive all follow-up care and routine care from plan providers in the service area.

May I use any provider I choose under the plan?

If you are covered under an HMO or other closed panel plan, you will need to receive all services from your primary care provider or other plan providers. If you are covered under a preferred provider plan or point-of-service plan, you will be able to choose any provider. However, you will be required to pay a larger portion of the bill if you use a nonplan provider, and may be required to have some services preauthorized by the insurance company. Your member handbook should explain the requirements specific to your plan.

Will I incur any liability if I fail to follow the preauthorization requirements?

Yes. If you fail to follow the required preauthorization procedures, you will be required to pay a larger portion of the claim. In some cases, the plan may determine that the service is not covered under the contract and completely deny the claim.

What is a drug formulary?

Many managed care plans establish a list of prescription drugs which the plan considers medically appropriate and cost effective. This formulary often requires a generic form of a drug to be used.

What if I have a complaint?

You should contact the plan's customer service department. Many problems can be resolved on an informal basis. You can also file a written grievance. All managed care plans are required to have a grievance procedure to resolve a member's problems. This procedure is explained in your member handbook. Grievances are generally resolved within 30 days. If you believe your medical condition needs immediate attention, you may wish to ask that the grievance be considered as an expedited grievance. Expedited grievances must be resolved within 72 hours after receipt.

You can also file a complaint with OCI at any time during the grievance procedure.

The plan's grievance committee denied my appeal. What can I do now?

You may have the right to appeal to an independent review organization if your dispute involves a medical necessity or experimental treatment decision. A medical expert who is not connected to your plan will review the appeal and has the authority to determine whether the treatment should be covered by your plan. If you need immediate medical care, you may be able to bypass your plan's grievance process and go directly to independent review. Your member handbook should explain the independent review process.

My doctor told me he was no longer with the HMO, but I want to stay with him. What can I do?

The agreement between the managed care plan and your doctor is a separate agreement that may terminate any time during the year.

If the provider is your primary provider, the plan must cover your care for the remainder of the plan year.

If you are in your 2nd or 3rd trimester of pregnancy, the plan must cover your care through postpartum care.

If you are seeing a specialist, the plan must cover your care for the lesser of 90 days or through the current course of treatment.

If the provider leaves the plan because he or she no longer practices in the plan's service area or is terminated for misconduct, the foregoing provisions do not apply.

If your employer offers other plans, you may wish to consider changing plans during your employer's open enrollment period.

My doctor never told me he was no longer with the HMO and the HMO did not tell me either. Now I have all these bills the HMO will not cover. What can I do?

If your doctor leaves the HMO in the middle of the plan year, there are notice requirements. The HMO is required to notify you at least 30 days in advance if its contract with your primary care provider is terminated. If it terminates its contract with a specialist, it must either notify you at least 30 days in advance, or require the specialist to post a notice in the provider's office.

If you are receiving bills, you should file a grievance with the plan to explain the extenuating circumstances. You should also file a complaint with OCI.

I disagree with my doctor and want a second opinion. Will the HMO pay for it?

Yes, so long as you go to a plan provider or, if necessary, obtain a referral from your primary provider for the second opinion.

I live in a different county from where I work and my employer only offers an HMO. It is too far for me to go to see the doctor. What can I do?

If you enroll in the HMO, you must follow its procedures. This means that you will be required to receive your care from plan providers.

You may wish to ask your employer to consider offering other coverage.

What do the Medical Expense Ratio and Administrative Expense Ratio tell me?

The Medical Expense Ratio represents the percentage of premiums that are used to pay for the delivery of health care. The Administrative Expense Ratio depicts the percentage of total revenue used to administer the plan. In theory, a company with a low administrative expense ratio would be operating more efficiently than a company with a high ratio. Caution should be used in interpreting the results, however, since too low of a ratio may be indicative of an understaffed plan, and certain activities such as accreditation of the plan's quality improvement and assurance program is expensive and would increase the ratio. The accreditation program is considered by many to be in the member's best interest. The ratio results could raise questions that should be addressed by the plan.

What is a defined network plan?

A defined network plan is the term used in Wisconsin insurance law to refer to any health benefit plan that creates incentives for its enrollees to use network providers. Some defined network plans will provide coverage only if the enrollee uses network providers and other plans will pay a larger portion of the charges if the enrollee uses network providers. HMOs and preferred provider plans are examples of defined network plans. Some people refer to these plans as managed care plans.

I received a provider directory when I enrolled in my health plan. How do I know whether I'm in an HMO, a preferred provider plan (PPP), or some other type of managed care plan? What difference does it make?

When you enrolled, you should have received a certificate of coverage and other written information that explains how your health plan works. This material should describe the benefits covered by your plan and explain any procedures that you must follow in order to receive coverage. It is very important to review this information. It will explain all of your coverage, whether you must use plan providers or whether you can choose any provider. It will also explain when you need a referral from your primary care provider and when you need to contact the health plan for authorization before receiving health care.

If you have any questions about your coverage, call the health plan's customer service department. If you have coverage through your employer, the employer's human resources department may also be able to answer your questions.

I am covered by a group health plan through my employer. I would like to receive a copy of the certificate of insurance. How do I go about obtaining a copy?

Under Wisconsin insurance law health insurers are required to provide insureds with a copy of the health insurance certificate. You should have received a letter from your insurer telling you how to get a copy of the certificate. OCI has taken a position on the method of providing the information. Health insurers can inform individuals, in writing, that the health insurance certificate is available and can be printed from its Internet Web site. The correspondence must also include an offer to provide a paper copy of the certificate if an insured requests it.

Number of Grievances Health Maintenance Organizations

| | 2006 | | | | 2007 | | | | 2008 | | | |
|--|-----------------------------|--------------------------------|--------------------|--------------|-----------------------------|--------------------------------|--------------------|--------------|-----------------------------|--------------------------------|--------------------|--------------|
| | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total |
| Abri Health Plan ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Care Wisconsin Health Plan, Inc. ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Children's Community Health Plan, Inc. ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Community Care Health Plan, Inc. ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Compcare Health Services Insurance Corp. | 0 | 515 | 0 | 515 | 0 | 158 | 0 | 158 | 313 | 268 | 1 | 582 |
| Dean Health Plan, Inc. | 105 | 383 | 13 | 501 | 56 | 440 | 24 | 520 | 98 | 387 | 0 | 485 |
| Group Health Cooperative of Eau Claire | 3 | 14 | 0 | 17 | 7 | 25 | 0 | 32 | 4 | 17 | 3 | 24 |
| Group Health Cooperative of South Central WI | 12 | 102 | 0 | 114 | 11 | 81 | 0 | 92 | 5 | 77 | 8 | 90 |
| Gundersen Lutheran Health Plan, Inc. | 2 | 35 | 0 | 37 | 4 | 26 | 0 | 30 | 6 | 54 | 0 | 60 |
| Health Plan for Community Living, Inc. ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Health Tradition Health Plan | 18 | 89 | 0 | 107 | 9 | 88 | 0 | 97 | 4 | 68 | 0 | 72 |
| Humana Wisconsin Health Organization Ins. Corp. | 51 | 480 | 0 | 531 | 106 | 454 | 5 | 565 | 128 | 373 | 1 | 502 |
| Independent Care Health Plan ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Managed Health Services Insurance Corp. ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Medica Health Plans of Wisconsin | 0 | 2 | 0 | 2 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 |
| Medical Associates Clinic Health Plan of WI | 0 | 19 | 0 | 19 | 0 | 7 | 0 | 7 | 0 | 19 | 0 | 19 |
| MercyCare HMO | 2 | 108 | 0 | 110 | 0 | 96 | 0 | 96 | 0 | 110 | 0 | 110 |
| Network Health Plan, Inc. | 23 | 184 | 15 | 222 | 29 | 171 | 7 | 207 | 17 | 176 | 10 | 203 |
| Partnership Health Plan, Inc. ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Physicians Plus Insurance Corp. | 18 | 102 | 2 | 122 | 20 | 89 | 1 | 110 | 14 | 81 | 0 | 95 |
| Security Health Plan, Inc. | 36 | 147 | 0 | 183 | 45 | 191 | 0 | 236 | 30 | 145 | 0 | 175 |
| UnitedHealthcare of Wisconsin, Inc. | 353 | 141 | 7 | 501 | 219 | 107 | 0 | 326 | 127 | 75 | 0 | 202 |
| Unity Health Plans Insurance Corp. | 36 | 175 | 0 | 211 | 44 | 171 | 0 | 215 | 26 | 180 | 0 | 206 |
| WPS Health Plan, Inc. | 6 | 128 | 0 | 134 | 3 | 92 | 0 | 95 | 4 | 82 | 0 | 86 |
| Totals | 665 | 2,624 | 37 | 3,326 | 553 | 2,199 | 37 | 2,789 | 776 | 2,112 | 23 | 2,911 |

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

³ Medicaid and/or Medicare only HMO.

* Not required to report.

**Number of Grievances (continued)
Health Maintenance Organizations**

| | Grievances Per 10,000 Enrollees | | | | | | | | | | | |
|---|---------------------------------|--------------------------------|--------------------|-------------|-----------------------------|--------------------------------|--------------------|-------------|-----------------------------|--------------------------------|--------------------|-------------|
| | 2006 | | | | 2007 | | | | 2008 | | | |
| | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total |
| Abri Health Plan ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Care Wisconsin Health Plan, Inc. ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Children's Community Health Plan, Inc. ^{3,4} | * | * | * | * | * | * | * | * | * | * | * | * |
| Community Care Health Plan, Inc. ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Compcare Health Services Insurance Corp. | 0.0 | 43.7 | 0.0 | 43.7 | 0.0 | 14.7 | 0.0 | 14.7 | 22.7 | 19.5 | 0.1 | 42.3 |
| Dean Health Plan, Inc. | 5.0 | 18.1 | 0.6 | 23.7 | 2.7 | 21.3 | 1.2 | 25.2 | 4.4 | 17.5 | 0.0 | 21.9 |
| Group Health Cooperative of Eau Claire | 1.0 | 4.8 | 0.0 | 5.8 | 2.1 | 7.5 | 0.0 | 9.6 | 0.9 | 4.0 | 0.7 | 5.6 |
| Group Health Cooperative of South Central WI | 2.1 | 18.2 | 0.0 | 20.3 | 1.9 | 13.7 | 0.0 | 15.6 | 0.8 | 12.7 | 1.3 | 14.8 |
| Gundersen Lutheran Health Plan, Inc. | 0.7 | 12.3 | 0.0 | 13.0 | 1.3 | 8.7 | 0.0 | 10.1 | 1.9 | 17.3 | 0.0 | 19.3 |
| Health Plan for Community Living, Inc. ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Health Tradition Health Plan | 5.8 | 28.6 | 0.0 | 34.4 | 2.9 | 28.1 | 0.0 | 31.0 | 1.2 | 20.5 | 0.0 | 21.7 |
| Humana Wisconsin Health Organization Ins. Corp. | 13.4 | 125.8 | 0.0 | 139.2 | 19.3 | 82.6 | 0.9 | 102.8 | 27.2 | 79.3 | 0.2 | 106.8 |
| Independent Care Health Plan ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Managed Health Services Insurance Corp. ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Medica Health Plans of Wisconsin | 0.0 | 161.0 | 0.0 | 161.0 | 0.0 | 192.5 | 0.0 | 192.5 | 0.0 | 0.0 | 0.0 | 0.0 |
| Medical Associates Clinic Health Plan of WI | 0.0 | 28.1 | 0.0 | 28.1 | 0.0 | 10.5 | 0.0 | 10.5 | 0.0 | 28.3 | 0.0 | 28.3 |
| MercyCare HMO | 0.6 | 34.6 | 0.0 | 35.3 | 0.0 | 31.8 | 0.0 | 31.8 | 0.0 | 34.0 | 0.0 | 34.0 |
| Network Health Plan, Inc. | 1.8 | 14.8 | 1.2 | 17.8 | 2.5 | 14.7 | 0.6 | 17.8 | 1.5 | 15.1 | 0.9 | 17.4 |
| Partnership Health Plan, Inc. ³ | * | * | * | * | * | * | * | * | * | * | * | * |
| Physicians Plus Insurance Corp. | 1.9 | 10.8 | 0.2 | 12.9 | 2.0 | 8.7 | 0.1 | 10.7 | 1.4 | 8.2 | 0.0 | 9.6 |
| Security Health Plan, Inc. | 3.1 | 12.5 | 0.0 | 15.5 | 3.3 | 13.8 | 0.0 | 17.0 | 2.1 | 10.2 | 0.0 | 12.3 |
| UnitedHealthcare of Wisconsin, Inc. | 18.9 | 7.5 | 0.4 | 26.8 | 11.4 | 5.6 | 0.0 | 17.0 | 6.1 | 3.6 | 0.0 | 9.6 |
| Unity Health Plans Insurance Corp. | 4.7 | 22.8 | 0.0 | 27.5 | 5.9 | 22.8 | 0.0 | 28.7 | 3.1 | 21.5 | 0.0 | 24.6 |
| WPS Health Plan, Inc. | 2.5 | 52.6 | 0.0 | 55.1 | 1.4 | 42.5 | 0.0 | 43.9 | 1.8 | 37.9 | 0.0 | 39.7 |
| Totals | 5.0 | 20.2 | 1.0 | 26.3 | 4.2 | 17.0 | 0.3 | 21.5 | 5.5 | 14.9 | 0.2 | 20.5 |

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

³ Medicaid and/or Medicare only HMO.

⁴ Uses federal PACE standards, which include complaints.

* Not required to report.

Number of Grievances Limited Service Health Organizations

| | 2006 | | | | 2007 | | | | 2008 | | | |
|---|-----------------------------|--------------------------------|--------------------|------------|-----------------------------|--------------------------------|--------------------|-----------|-----------------------------|--------------------------------|--------------------|-----------|
| | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total |
| American Dental Plan of Wisconsin, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Care-Plus Dental Plans, Inc. | 26 | 2 | 5 | 33 | 10 | 2 | 2 | 14 | 0 | 1 | 2 | 3 |
| Dental Com Insurance Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dental Protection Plan, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Direct Dental Service Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Doral Dental Plan of WI | 0 | 0 | 3 | 3 | 1 | 0 | 0 | 1 | 4 | 0 | 1 | 5 |
| EyeCare of Wisconsin, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| First Commonwealth | 48 | 14 | 2 | 64 | 42 | 8 | 9 | 59 | 5 | 23 | 6 | 34 |
| Vision Care Network Insurance Corp. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vision Insurance Plan of America, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Totals | 74 | 16 | 10 | 100 | 53 | 10 | 11 | 74 | 9 | 25 | 9 | 43 |

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

**Number of Grievances (continued)
Limited Service Health Organizations**

| | Grievances Per 10,000 Enrollees | | | | | | | | | | | |
|---|---------------------------------|--------------------------------|--------------------|------------|-----------------------------|--------------------------------|--------------------|------------|-----------------------------|--------------------------------|--------------------|------------|
| | 2006 | | | | 2007 | | | | 2008 | | | |
| | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total |
| American Dental Plan of Wisconsin, Inc. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Care-Plus Dental Plans, Inc. | 4.2 | 0.3 | 0.8 | 5.3 | 1.6 | 0.3 | 0.3 | 2.2 | 0.9 | 4.7 | 0.9 | 6.6 |
| Dental Com Insurance Plan | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Dental Protection Plan, Inc. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Direct Dental Service Plan | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Doral Dental Plan of WI | 0.0 | 0.0 | 9.6 | 9.6 | 5.7 | 0.0 | 0.0 | 5.7 | 0.0 | 0.7 | 0.0 | 0.7 |
| EyeCare of Wisconsin, Inc. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| First Commonwealth | 14.0 | 4.1 | 0.6 | 18.6 | 14.2 | 2.7 | 3.0 | 19.9 | 0.3 | 1.6 | 0.3 | 2.2 |
| Vision Care Network Insurance Corp. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Vision Insurance Plan of America, Inc. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Totals | 3.5 | 0.8 | 0.5 | 4.8 | 2.4 | 0.4 | 0.5 | 3.3 | 0.1 | 0.3 | 0.1 | 0.4 |

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

**Number of Grievances
Preferred Provider Plans**

| | Premium Earned | | Enrollees | | 2007 | | | | 2008 | | | |
|---------------------------------------|---------------------|--------------|--------------|---------|-----------------------------|--------------------------------|--------------------|-------|-----------------------------|--------------------------------|--------------------|-------|
| | 2007 | 2008 | 2007 | 2008 | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total |
| | Aetna Life Ins. Co. | \$42,143,046 | \$48,391,264 | 20,298 | 11,405 | 9 | 3 | 0 | 12 | 1 | 10 | 0 |
| American Family Mutual Ins. Co. | 29,500,581 | 27,099,326 | 11,590 | 10,990 | 0 | 25 | 0 | 25 | 3 | 18 | 0 | 21 |
| American Heritage Life Ins. Co. | 282,728 | 274,466 | 338 | 245 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| American Med. Security Life Ins. Co. | 8,473,374 | 6,570,261 | 4,044 | 2,864 | 5 | 35 | 0 | 40 | 4 | 14 | 0 | 18 |
| American National Ins. Co. | 4,336 | 1,052 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| American National Life Ins. Co. of TX | 995,522 | 1,233,917 | 449 | 543 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| American Republic Ins. Co. | 6,549,878 | 66,636 | 2,677 | 1,797 | 5 | 30 | 0 | 35 | 0 | 32 | 0 | 32 |
| Bankers Life & Casualty Co. | 1,020,780 | 57,670 | 325 | 221 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Blue Cross Blue Shield of WI | 296,568,030 | 223,610,124 | 153,114 | 141,268 | 14 | 668 | 0 | 682 | 351 | 202 | 0 | 553 |
| Celtic Ins. Co. | 1,647,888 | 1,458,465 | 543 | 446 | 13 | 7 | 0 | 20 | 19 | 8 | 0 | 27 |
| Central Reserve Life Ins. Co. | 3,204,199 | 1,852,804 | 537 | 272 | 0 | 12 | 0 | 12 | 0 | 16 | 0 | 16 |
| Clarendon National Ins. Co. | 0 | 1,418,154 | | 41 | 0 | 0 | 0 | 0 | 16 | 24 | 0 | 40 |
| Companion Life Ins. Co. | 107,662 | 81,999 | 20 | 23 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 6 |
| Connecticut General Life Ins. Co. | 23,863,819 | 24,724,053 | 6,879 | 11,620 | 35 | 65 | 0 | 100 | 15 | 25 | 0 | 40 |
| Consumers Life Ins. Co. | | 1,213,191 | | 548 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Continental General Ins. Co. | 2,202,170 | 1,182,179 | 581 | 249 | 1 | 4 | 0 | 5 | 0 | 15 | 0 | 15 |
| EPIC Life Ins. Co. | 77,924 | 35,779 | 10 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Federated Mutual Ins. Co. | 37,885,090 | 34,491,566 | 10,997 | 9,564 | 0 | 39 | 0 | 39 | 1 | 39 | 0 | 40 |
| Fidelity Security Life Ins. Co. | 295,596 | 173,462 | 125 | 31 | 0 | 6 | 0 | 6 | 0 | 7 | 0 | 7 |
| Golden Rule Ins. Co. | 59,035,754 | 59,388,310 | 28,499 | 27,411 | 6 | 95 | 0 | 101 | 10 | 70 | 6 | 86 |
| Great Midwest Ins. Co. | 14,496 | 0 | 9 | 0 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 |
| Great-West Life & Annuity Ins. Co. | 201,760 | 898,665 | 520 | 160 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Group Health Coop South Central WI | 12,384,714 | 16,169,617 | 3,018 | 3,652 | 0 | 6 | 0 | 6 | 1 | 3 | 1 | 5 |
| Guarantee Trust Life Ins. Co. | 2,196,140 | 1,774,769 | 222 | 508 | 2 | 26 | 0 | 28 | 0 | 55 | 0 | 55 |
| Healthpartners Ins. Co. | 35,474,491 | 57,817,099 | 9,391 | 14,108 | 7 | 17 | 1 | 25 | 4 | 46 | 1 | 51 |

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

Reported information has not been audited.

**Number of Grievances (continued)
Preferred Provider Plans**

| | Premium Earned | | Enrollees | | 2007 | | | | 2008 | | | |
|---------------------------------------|------------------------|------------------------|----------------|----------------|-----------------------------|--------------------------------|--------------------|--------------|-----------------------------|--------------------------------|--------------------|--------------|
| | 2007 | 2008 | 2007 | 2008 | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total |
| Humana Ins. Co. | \$203,821,838 | \$199,918,512 | 70,450 | 57,748 | 261 | 372 | 5 | 638 | 214 | 404 | 0 | 618 |
| John Alden Life Ins. Co. | 9,684,047 | 10,250,828 | 3,184 | 2,134 | 3 | 8 | 0 | 11 | 8 | 9 | 0 | 17 |
| Life Investors Ins. Co. of America | 460,717 | 0 | 63 | 0 | 0 | 6 | 0 | 6 | 0 | 0 | 0 | * |
| Madison National Life Ins. Co. | 0 | 310,060 | 0 | 47 | 0 | 0 | 0 | 0 | 0 | 9 | 0 | 9 |
| Medica Ins. Co. | 9,063,172 | 8,262,893 | 30,160 | 25,330 | 0 | 65 | 0 | 65 | 0 | 39 | 0 | 39 |
| Midwest Security Life Ins. Co. | 24,495,582 | 21,088,050 | 5,747 | 3,813 | 0 | 48 | 0 | 48 | 1 | 24 | 0 | 25 |
| Mutual of Omaha Ins. Co. | 37,478 | 34,992 | 48 | 1 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 |
| Nippon Life Ins. Co. of America | 1,556,057 | 344,460 | 541 | 92 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 |
| Pacific Life & Annuity Co. | 1,109 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * |
| Pekin Life Ins. Co. | 8,559,164 | 8,102,569 | 734 | 31 | 5 | 4 | 0 | 9 | 2 | 6 | 0 | 8 |
| Physicians Mutual Ins. Co. | 337,534 | 28,439,586 | 5 | 82 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Principal Life Ins. Co. | 111,241,618 | 90,109,064 | 35,448 | 25,161 | 0 | 130 | 0 | 130 | 0 | 57 | 0 | 57 |
| Standard Security Life Ins. Co. of NY | 5,384,324 | 2,110,387 | 1,210 | 556 | 0 | 60 | 0 | 60 | 0 | 78 | 0 | 78 |
| Stonebridge Life Ins. Co. | 0 | 12,708,252 | 0 | 3,297 | 0 | 0 | 0 | 0 | 2 | 22 | 0 | 24 |
| Time Ins. Co. (f/k/a Fortis Ins. Co.) | 44,485,734 | 91,110,085 | 19,806 | 18,136 | 59 | 69 | 2 | 130 | 89 | 95 | 0 | 184 |
| Trilogy Health Ins. Co. | 1,843,243 | 12,692,177 | 815 | 4,122 | 4 | 0 | 0 | 4 | 1 | 8 | 0 | 9 |
| Trustmark Ins. Co. | 279,704 | 1,995,599 | 101 | 642 | 0 | 0 | 6 | 6 | 0 | 11 | 0 | 11 |
| Trustmark Life Ins. Co. | 3,224,098 | 7,392,114 | 4,503 | 1,935 | 62 | 136 | 0 | 198 | 16 | 104 | 2 | 122 |
| UniCARE Life & Health Ins. Co. | 25,528,157 | 15,595,826 | 910 | 788 | 2 | 0 | 0 | 2 | 1 | 1 | 0 | 2 |
| Union Security Ins. Co. | 1,822,972 | 1,192,581 | 411 | 199 | 0 | 2 | 0 | 2 | 1 | 2 | 0 | 3 |
| United HealthCare Ins. Co. | 843,282,919 | 1,001,251,581 | 234,795 | 253,828 | 694 | 437 | 0 | 1,131 | 710 | 498 | 0 | 1,208 |
| United of Omaha Life Ins. Co. | 145,890 | 328,770 | 70 | 30 | 0 | 5 | 0 | 5 | 1 | 1 | 0 | 2 |
| WEA Ins. Corp. | 515,996,320 | 702,347,886 | 89,251 | 120,068 | 6 | 49 | 0 | 55 | 1 | 58 | 0 | 59 |
| WI Auto & Truck Dealers Ins. Corp. | 10,023,253 | 9,571,370 | 1,271 | 1,170 | 0 | 3 | 0 | 3 | 0 | 3 | 0 | 3 |
| WI Physicians Service Ins. Corp. | 335,290,836 | 312,956,416 | 84,129 | 76,848 | 198 | 316 | 0 | 514 | 133 | 425 | 0 | 558 |
| World Ins. Company | 2,535,255 | 2,309,011 | 1,885 | 601 | 1 | 8 | 0 | 9 | 0 | 13 | 0 | 13 |
| Totals | \$2,723,233,006 | \$3,050,409,906 | 841,737 | 836,639 | 3,399 | 2,765 | 14 | 4,171 | 1,606 | 4,467 | 10 | 4,075 |

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

Reported information has not been audited.

**Number of Grievances (continued)
Preferred Provider Plans**

| | Grievances Per 10,000 Enrollees | | | | | | | |
|---------------------------------------|---------------------------------|--------------------------------|--------------------|--------|-----------------------------|--------------------------------|--------------------|-------|
| | 2007 | | | | 2008 | | | |
| | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total |
| Aetna Life Ins. Co. | 4.4 | 1.5 | 0.0 | 5.9 | 0.9 | 8.8 | 0.0 | 9.6 |
| American Family Mutual Ins. Co. | 0.0 | 21.6 | 0.0 | 21.6 | 2.7 | 16.4 | 0.0 | 19.1 |
| American Heritage Life Ins. Co. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| American Med. Security Life Ins. Co. | 12.4 | 86.5 | 0.0 | 98.9 | 14.0 | 48.9 | 0.0 | 62.8 |
| American National Ins. Co. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| American National Life Ins. Co. of TX | 0.0 | 22.3 | 0.0 | 22.3 | 0.0 | 0.0 | 0.0 | 0.0 |
| American Republic Ins. Co. | 18.7 | 112.1 | 0.0 | 130.7 | 0.0 | 178.1 | 0.0 | 178.1 |
| Bankers Life & Casualty Co. | 0.0 | 0.0 | 0.0 | 0.0 | 45.2 | 45.2 | 0.0 | 90.5 |
| Blue Cross Blue Shield of WI | 0.9 | 43.6 | 0.0 | 44.5 | 24.8 | 14.3 | 0.0 | 39.1 |
| Celtic Ins. Co. | 239.4 | 128.9 | 0.0 | 368.3 | 426.0 | 179.4 | 0.0 | 605.4 |
| Central Reserve Life Ins. Co. | 0.0 | 223.5 | 0.0 | 223.5 | 0.0 | 588.2 | 0.0 | 588.2 |
| Clarendon National Ins. Co. | * | * | * | * | * | * | * | * |
| Companion Life Ins. Co. | 0.0 | 0.0 | 0.0 | 0.0 | * | * | * | * |
| Connecticut General Life Ins. Co. | 50.9 | 94.5 | 0.0 | 145.4 | 12.9 | 21.5 | 0.0 | 34.4 |
| Consumers Life Ins. Co. | * | * | * | * | 0.0 | 18.2 | 0.0 | 18.2 |
| Continental General Ins. Co. | 17.2 | 68.8 | 0.0 | 86.1 | 0.0 | 602.4 | 0.0 | 602.4 |
| EPIC Life Ins. Co. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Federated Mutual Ins. Co. | 0.0 | 35.5 | 0.0 | 35.5 | 1.0 | 40.8 | 0.0 | 41.8 |
| Fidelity Security Life Ins. Co. | 0.0 | 480.0 | 0.0 | 480.0 | * | * | * | * |
| Golden Rule Ins. Co. | 2.1 | 33.3 | 0.0 | 35.4 | 3.6 | 25.5 | 2.2 | 31.4 |
| Great Midwest Ins. Co. | 0.0 | 3333.3 | 0.0 | 3333.3 | * | * | * | * |
| Great-West Life & Annuity Ins. Co. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Group Health Coop South Central WI | 0.0 | 19.9 | 0.0 | 19.9 | 2.7 | 8.2 | 2.7 | 13.7 |
| Guarantee Trust Life Ins. Co. | 90.1 | 1171.2 | 0.0 | 1261.3 | * | * | * | * |
| Healthpartners Ins. Co. | 7.5 | 18.1 | 1.1 | 26.6 | 2.8 | 32.6 | 0.7 | 36.1 |

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

* Not statistically significant.

Reported information has not been audited.

**Number of Grievances (continued)
Preferred Provider Plans**

| | Grievances Per 10,000 Enrollees | | | | | | | |
|---------------------------------------|---------------------------------|--------------------------------|--------------------|-------------|-----------------------------|--------------------------------|--------------------|-------------|
| | 2007 | | | | 2008 | | | |
| | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total | Plan ¹ Admin. | Benefit ² Denial | Quality of Care | Total |
| Humana Ins. Co. | 37.0 | 52.8 | 0.7 | 90.6 | 37.1 | 70.0 | 0.0 | 107.0 |
| John Alden Life Ins. Co. | 9.4 | 25.1 | 0.0 | 34.5 | 37.5 | 42.2 | 0.0 | 79.7 |
| Life Investors Ins. Co. of America | 0.0 | 952.4 | 0.0 | 952.4 | * | * | * | * |
| Madison National Life Ins. Co. | * | * | * | * | * | * | * | * |
| Medica Ins. Co. | 0.0 | 21.6 | 0.0 | 21.6 | 0.0 | 15.4 | 0.0 | 15.4 |
| Midwest Security Life Ins. Co. | 0.0 | 83.5 | 0.0 | 83.5 | 2.6 | 62.9 | 0.0 | 65.6 |
| Mutual of Omaha Ins. Co. | 0.0 | 416.7 | 0.0 | 416.7 | 0.0 | 0.0 | 0.0 | 0.0 |
| Nippon Life Ins. Co. of America | 0.0 | 55.5 | 0.0 | 55.5 | 0.0 | 0.0 | 0.0 | 0.0 |
| Pacific Life & Annuity Co. | 0.0 | 0.0 | 0.0 | 0.0 | * | * | * | * |
| Pekin Life Ins. Co. | 68.1 | 54.5 | 0.0 | 122.6 | * | * | * | * |
| Physicians Mutual Ins. Co. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Principal Life Ins. Co. | 0.0 | 36.7 | 0.0 | 36.7 | 0.0 | 22.7 | 0.0 | 22.7 |
| Standard Security Life Ins. Co. of NY | 0.0 | 495.9 | 0.0 | 495.9 | * | * | * | * |
| Stonebridge Life Ins. Co. | * | * | * | * | 6.1 | 66.7 | 0.0 | 72.8 |
| Time Ins. Co. (f/k/a Fortis Ins. Co.) | 29.8 | 34.8 | 1.0 | 65.6 | 49.1 | 52.4 | 0.0 | 101.5 |
| Trilogy Health Ins. Co. | 49.1 | 0.0 | 0.0 | 49.1 | 2.4 | 19.4 | 0.0 | 21.8 |
| Trustmark Ins. Co. | 0.0 | 0.0 | 594.1 | 594.1 | 0.0 | 171.3 | 0.0 | 171.3 |
| Trustmark Life Ins. Co. | 137.7 | 302.0 | 0.0 | 439.7 | 82.7 | 537.5 | 10.3 | 630.5 |
| UniCARE Life & Health Ins. Co. | 22.0 | 0.0 | 0.0 | 22.0 | 12.7 | 12.7 | 0.0 | 25.4 |
| Union Security Ins. Co. | 0.0 | 48.7 | 0.0 | 48.7 | 50.3 | 100.5 | 0.0 | 150.8 |
| United HealthCare Ins. Co. | 29.6 | 18.6 | 0.0 | 48.2 | 28.0 | 19.6 | 0.0 | 47.6 |
| United of Omaha Life Ins. Co. | 0.0 | 714.3 | 0.0 | 714.3 | 333.3 | 333.3 | 0.0 | 666.7 |
| WEA Ins. Corp. | 0.7 | 5.5 | 0.0 | 6.2 | 0.1 | 4.8 | 0.0 | 4.9 |
| WI Auto & Truck Dealers Ins. Corp. | 0.0 | 23.6 | 0.0 | 23.6 | 0.0 | 25.6 | 0.0 | 25.6 |
| WI Physicians Service Ins. Corp. | 23.5 | 37.6 | 0.0 | 61.1 | 17.3 | 55.3 | 0.0 | 72.6 |
| World Ins. Company | 5.3 | 42.4 | 0.0 | 47.7 | 0.0 | 216.3 | 0.0 | 216.3 |
| Totals | 40.6 | 33.0 | 0.2 | 49.9 | 19.2 | 53.4 | 0.1 | 48.7 |

¹ A Plan Administration grievance is a grievance related to plan marketing, policyholder service, billing, underwriting, or similar administrative function.

² A Benefit Denial grievance is a grievance related to the denial of a benefit, including grievances related to refusals to refer enrollees or provide requested services.

* Not statistically significant.

Reported information has not been audited.

HMO Quality and Consumer Satisfaction Data

The health plan you choose can affect the quality of medical care that your family receives. Some plans do a better job of helping you to stay healthy and obtaining the medical care you need when you are sick. If your employer allows you to choose a health plan, you may want to consider how successful the plans are in providing quality care.

HMO plans are required to develop quality assurance plans to monitor the quality of the health care that their members receive. One way they do this is to collect data on how often members receive certain medical services. They can then compare their performance to national standards. The HMOs are required to submit to OCI a report every year that includes a sample of this data. The report includes the results of five Healthcare Effectiveness Data and Information Set (HEDIS®) measures and two Consumer Assessment of Healthcare Providers and Systems (CAHPS®) questions. The measures chosen are intended to cover a broad range of medical services in order to provide you with an overview of the health plan's performance. The graphs on [pages 28-35](#) summarize the data provided by the HMOs. The Wisconsin average is based on the reports submitted to OCI, including the HMOs that do not submit data to the National Committee for Quality Assurance (NCQA) for Quality Compass®. The graphs also include the national average score as reported in the 2008 Quality Compass.

HEDIS is a set of standardized performance measures that is used by many private employers and government entities. It is developed and maintained by the NCQA, a nonprofit organization that reviews and accredits managed care organizations. The NCQA specifies how the data will be collected to ensure that it is done in a consistent way which will allow you to compare the performance of different plans. HEDIS measures cover a broad range of over 60 different health care services.

Quality Compass is NCQA's comprehensive national database of health plans' HEDIS and CAHPS results. It contains plan-specific, comparative, and descriptive information on the performance of hundreds of managed care organizations.

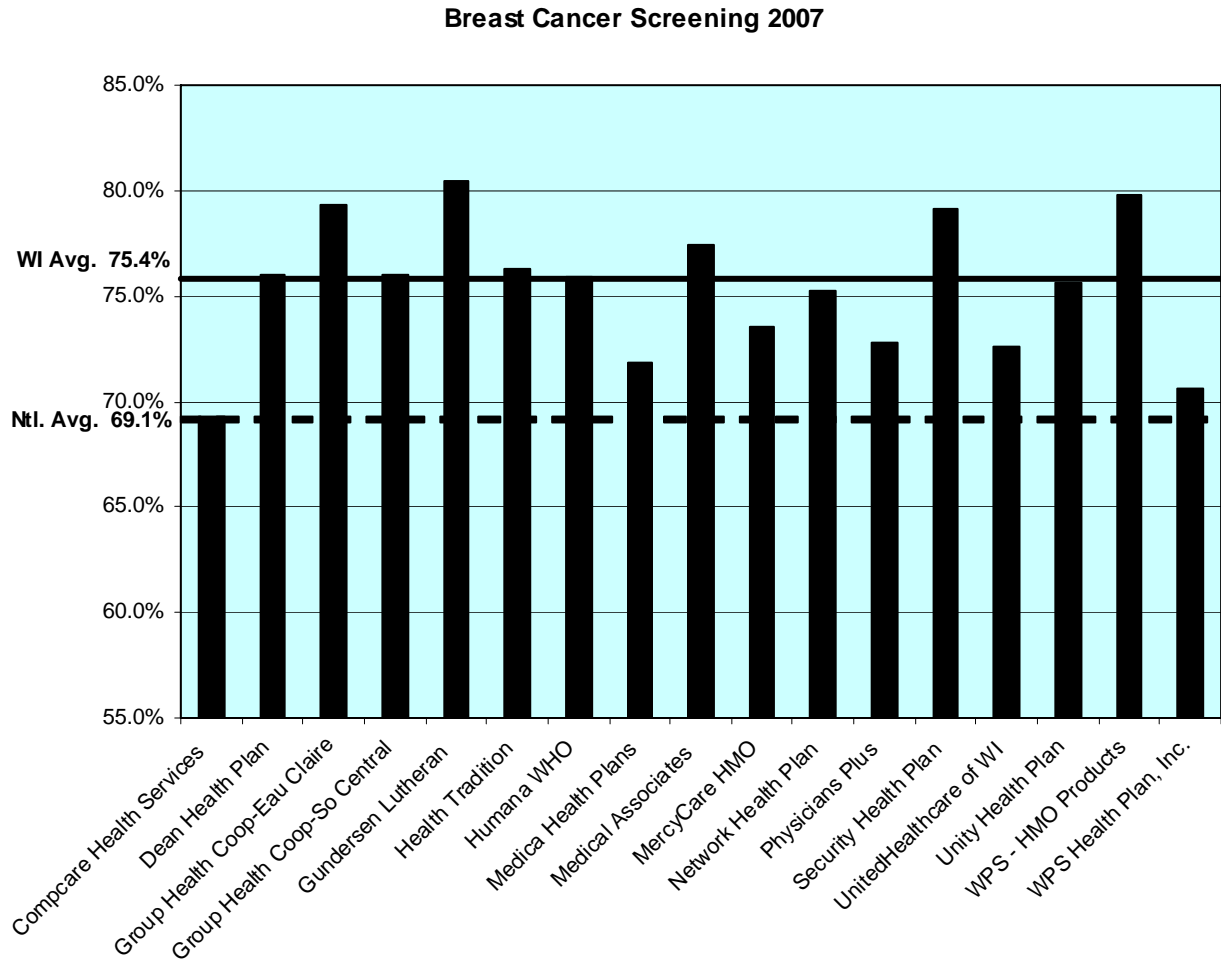
CAHPS looks at quality from the consumer's point of view. It is a consumer satisfaction survey that is sponsored by the Agency for Healthcare Research and Quality (AHRQ), an agency in the U.S. Department of Health and Human Services. The CAHPS surveys are designed to assess consumers' experience with all types of health care systems.

In the reports to OCI, the HMOs are required to follow NCQA standards in collecting the data for the HEDIS scores. However, one difference is that the HMOs are not required to submit data audited by an outside organization. For the two CAHPS consumer satisfaction questions, the HMOs were asked to follow NCQA guidelines or to explain any variations in the report. For the current report, no variations were reported.

The graphs on the following pages summarize the data collected by the HMOs during 2007. The data for calendar year 2008 will be posted on our Web site at oci.wi.gov/hmo_info/hmodata.htm in October 2009.

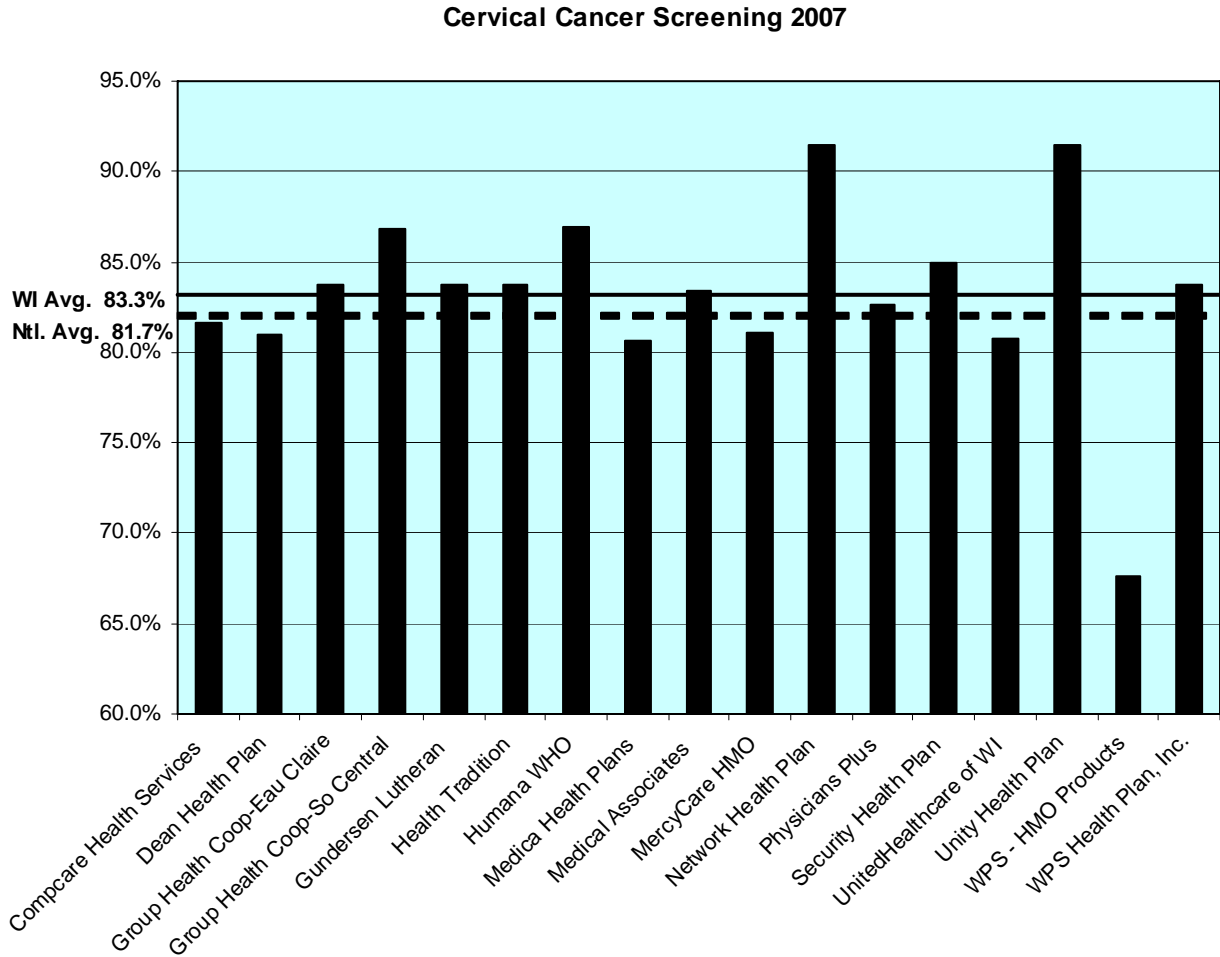
Breast Cancer Screening

The Breast Cancer Screening rate estimates the percentage of women ages 40-69 enrolled in a health plan who had at least one mammogram in the past two years.



Cervical Cancer Screening

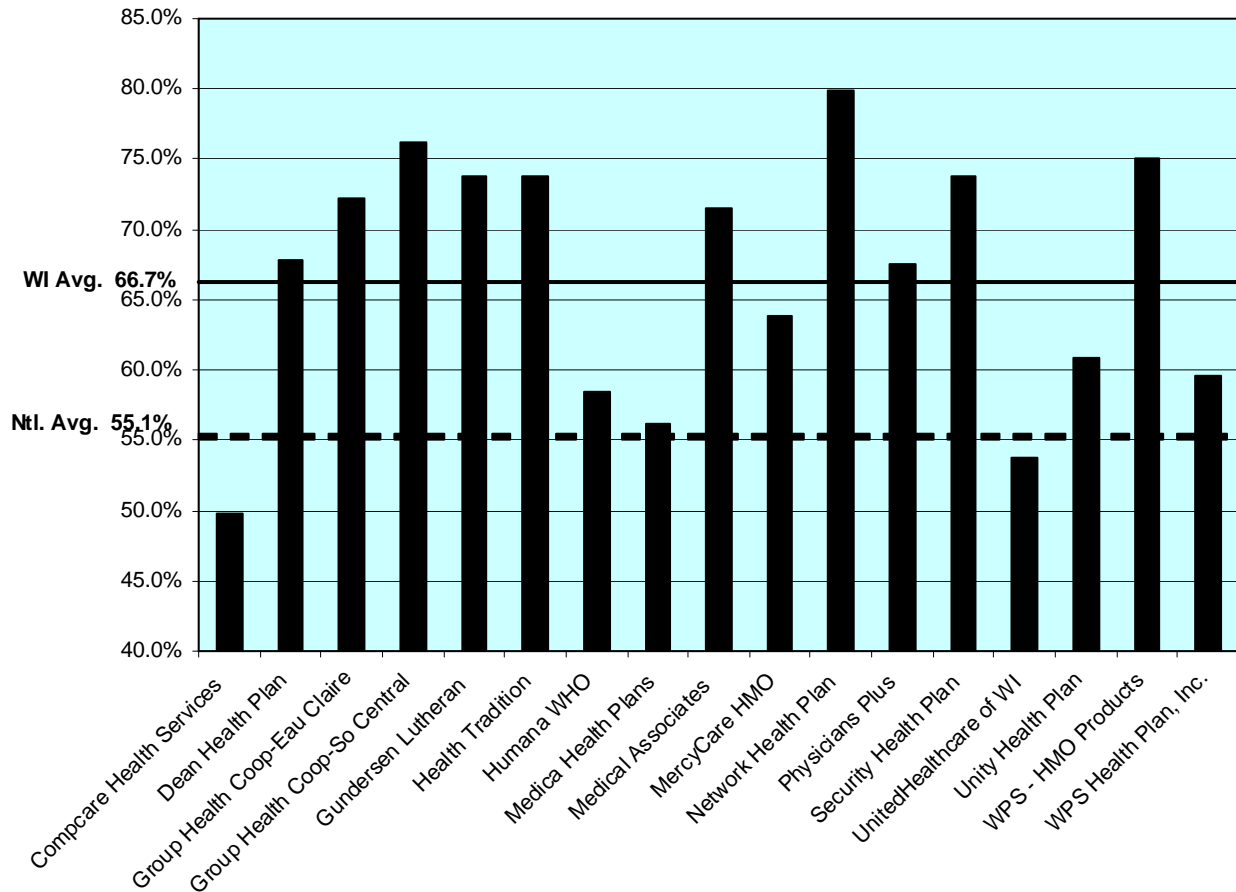
The Cervical Cancer Screening rate estimates the percentage of women ages 21-64 who were enrolled in a health plan and who had one Papanicolou (Pap) test during measurement year or the two years prior.



Comprehensive Diabetes Care - Eye Exams

The Comprehensive Diabetes Care measure includes several important features of effective, multiphasic management of diabetes and its complications. The eye exam measure estimates the percentage of health plan members with Type 1 and Type 2 diabetes that were ages 18-75 and, during the measurement year or the prior year, had an eye exam for diabetic retinal disease.

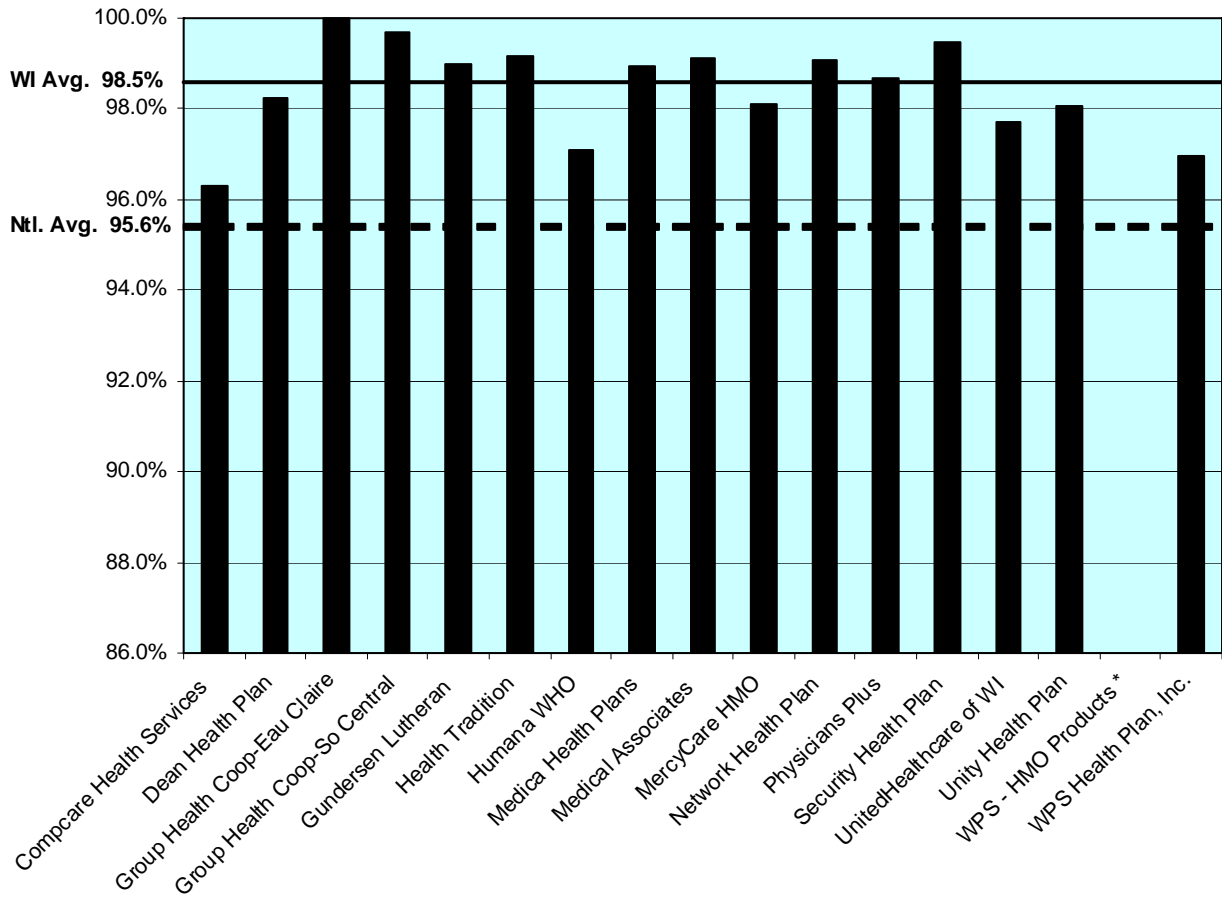
Comprehensive Diabetes Care - Eye Exams 2007



Children's Access to Primary Care Providers

The Children's Access to Primary Care Providers measure indicates the percentage of children age 12 months through 24 months who had at least one visit to a primary care practitioner during the measurement year.

Children Age 12-24 Months with at Least One Visit to a Primary Care Practitioner 2007

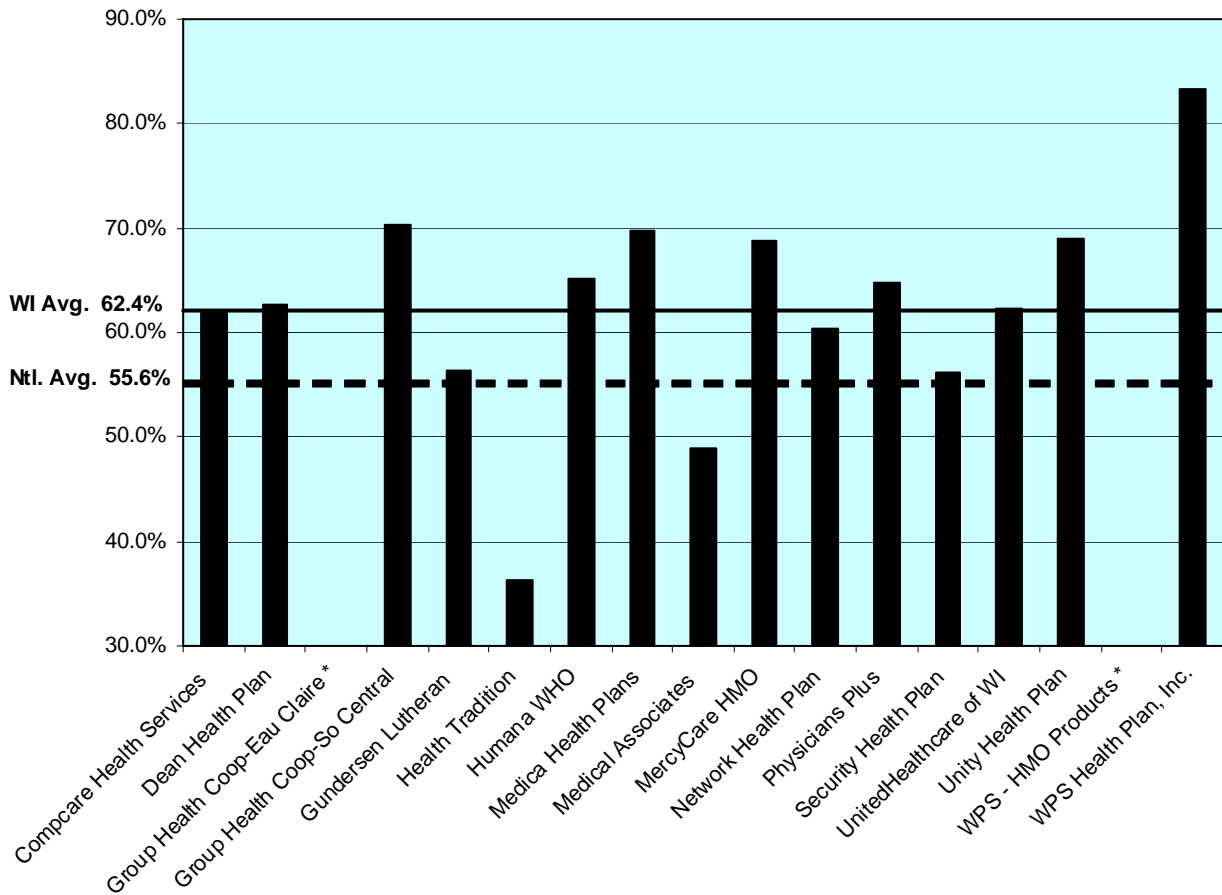


* Indicates HMO was not required to report for this measure because of small enrollment.

Follow-Up After Hospitalization for Mental Illness - 7 Days

The Follow-Up After Hospitalization for Mental Illness measure indicates the percentage of health plan members age 6 and older who received inpatient treatment for a mental health disorder and had an ambulatory or day/night follow-up visit after being discharged. The measure includes hospitalizations for depression, schizophrenia, attention deficit disorder, and personality disorders. The measure collected the percentage of members who received follow-up care within 7 days.

Follow-Up After Hospitalization for Mental Illness - 7 Days 2007

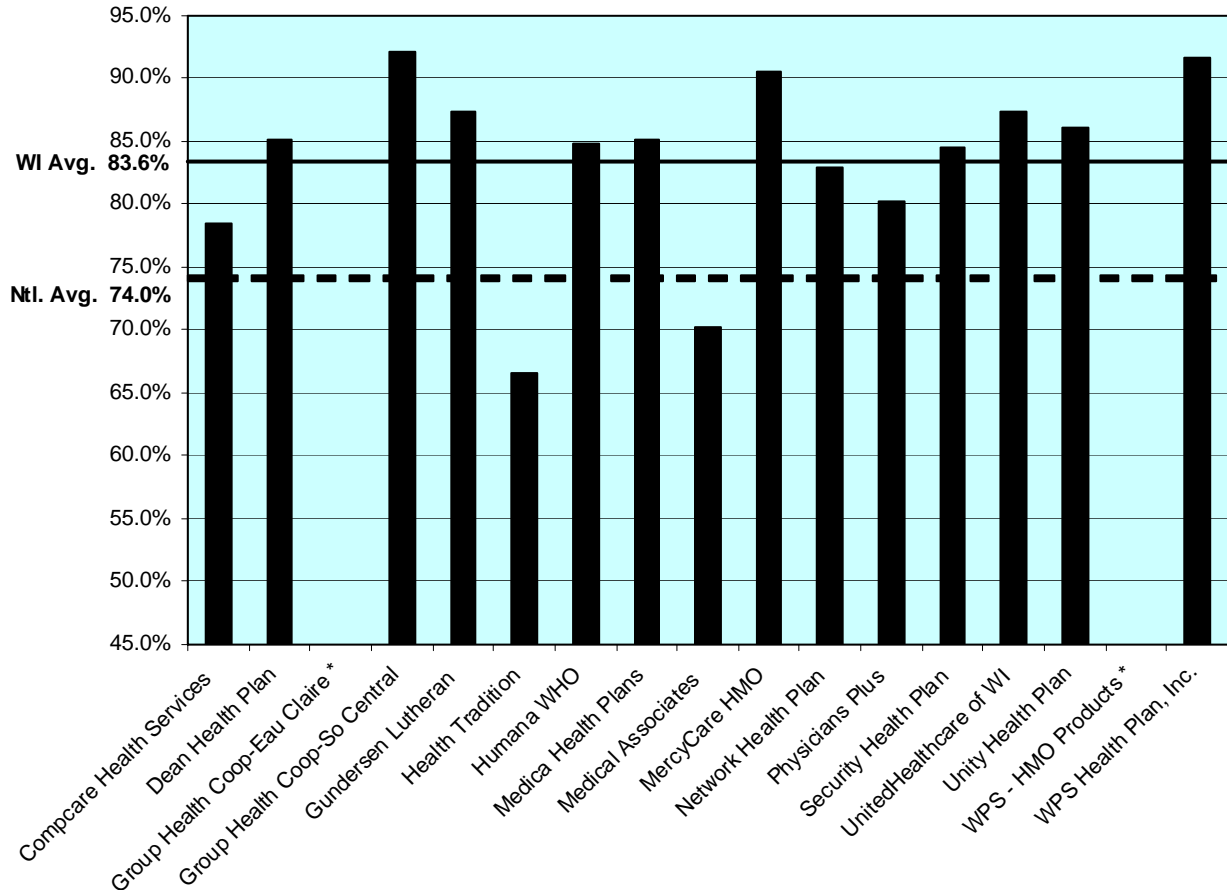


* Indicates HMO was not required to report for this measure because of small enrollment.

Follow-Up After Hospitalization for Mental Illness - 30 Days

The Follow-Up After Hospitalization for Mental Illness measure indicates the percentage of health plan members age 6 and older who received inpatient treatment for a mental health disorder and had an ambulatory or day/night follow-up visit after being discharged. The measure includes hospitalizations for depression, schizophrenia, attention deficit disorder, and personality disorders. The measure collected the percentage of members who received follow-up care within 30 days.

Follow-Up After Hospitalization for Mental Illness - 30 Days 2007

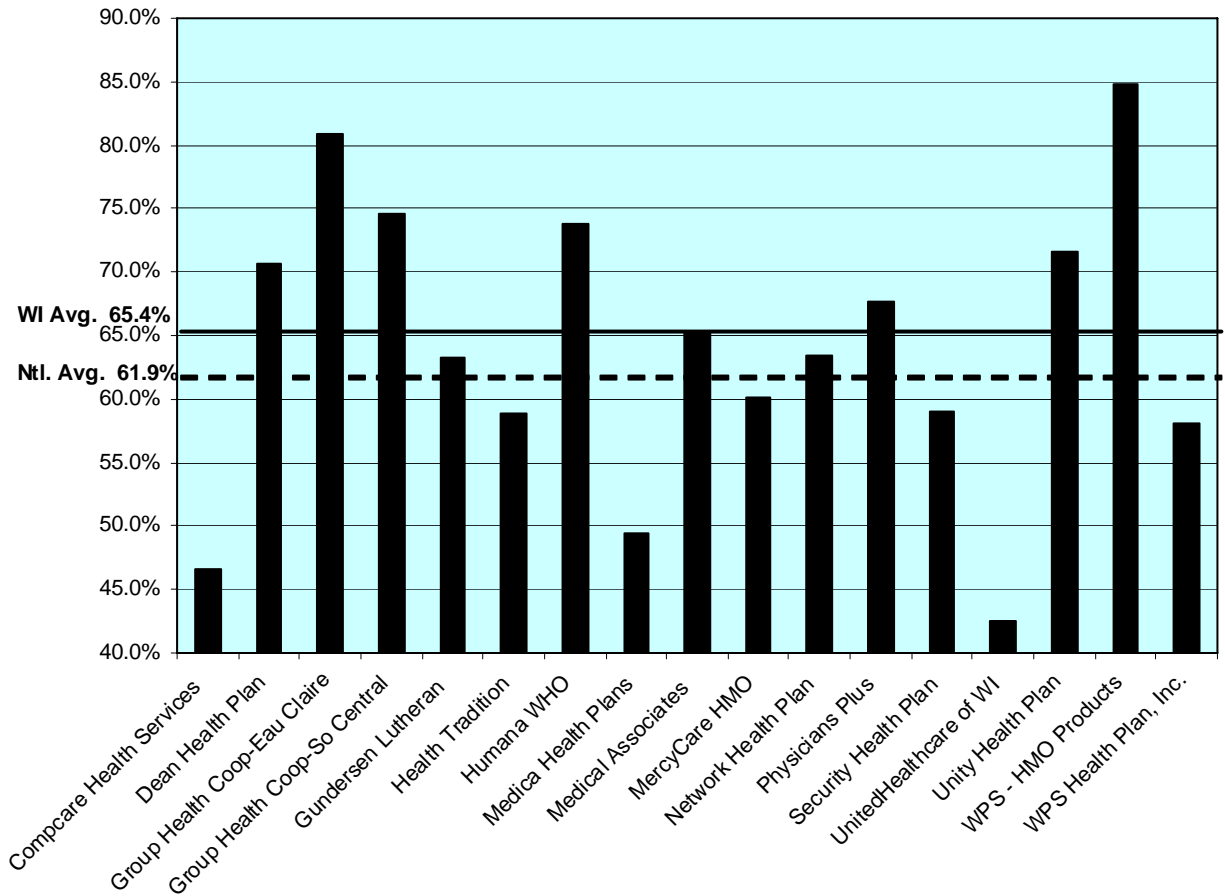


* Indicates HMO was not required to report for this measure because of small enrollment.

Rating of Health Plan

For the Rating of Health Plan measure, respondents were asked to rate their health plan, with 0 equaling worst health plan possible and 10 equaling best health plan possible. The measure indicates the percentage of members who rated their health plan with an 8, 9, or 10.

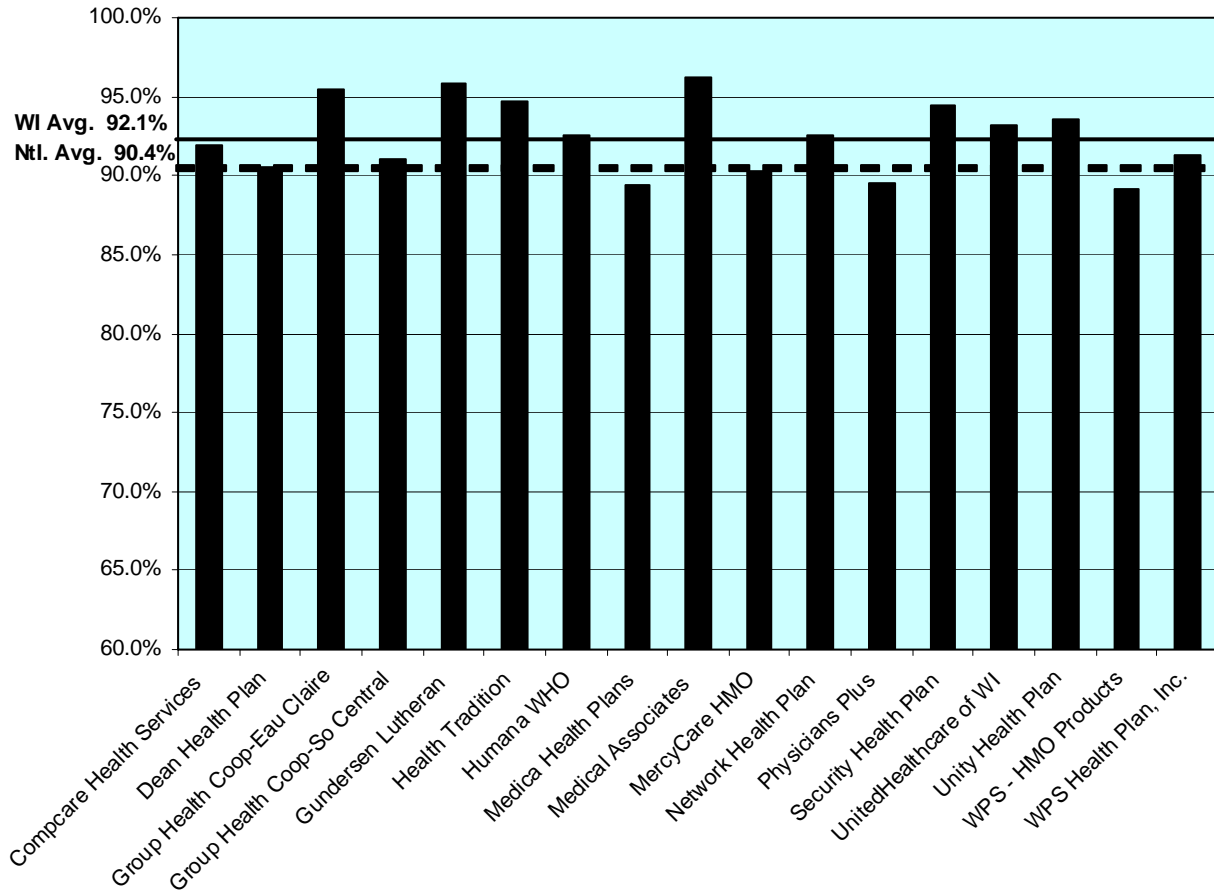
Rating of Health Plan 2007



Time Spent with the Physician

For the Time Spent with the Physician measure, members were asked how often doctors or other health providers spent enough time with them in the last 12 months. Members could answer "Never," "Sometimes," "Usually," or "Always." The measure indicates the percentage of members who answered "Always" or "Usually."

Time Spent with the Physician 2007



Counties Served by Health Maintenance Organizations (HMOs)

| | |
|-----------------|--|
| Adams | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Group Health Cooperative of Eau Claire Security Health Plan of Wisconsin, Inc. Unity Health Plans Insurance Corporation |
| Ashland | Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Security Health Plan of Wisconsin, Inc. |
| Barron | Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Health Tradition Health Plan Security Health Plan of Wisconsin, Inc. |
| Bayfield | Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Security Health Plan of Wisconsin, Inc. |
| Brown | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corp. Network Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc. WPS Health Plan |
| Buffalo | Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan |
| Burnett | Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Security Health Plan of Wisconsin, Inc. |
| Calumet | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corp. Network Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc. WPS Health Plan |
| Chippewa | Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Health Tradition Health Plan Partnership Health Plan, Inc. Security Health Plan of Wisconsin, Inc. |

| | |
|-----------------|---|
| Clark | Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Managed Health Services Insurance Corp. Security Health Plan of Wisconsin, Inc. |
| Columbia | Care Wisconsin Health Plan Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Group Health Cooperative of Eau Claire Group Health Cooperative of South Central Wisconsin Physicians Plus Insurance Corporation Unity Health Plans Insurance Corporation |
| Crawford | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Medical Associates Clinic Health Plan of Wisconsin Unity Health Plans Insurance Corporation |
| Dane | Care Wisconsin Health Plan Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Group Health Cooperative of South Central Wisconsin MercyCare HMO, Inc. Physicians Plus Insurance Corporation Unity Health Plans Insurance Corporation |
| Dodge | Abri Health Plan, Inc. Care Wisconsin Health Plan Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Group Health Cooperative of South Central Wisconsin Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corp. Network Health Plan, Inc. Physicians Plus Insurance Corporation UnitedHealthcare of Wisconsin, Inc. Unity Health Plans Insurance Corporation |
| Door | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Network Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc. WPS Health Plan |
| Douglas | Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Humana Wisconsin Health Organization Insurance Corporation Security Health Plan of Wisconsin, Inc. |

Dunn Compcare Health Services Insurance Corporation
Group Health Cooperative of Eau Claire
Health Tradition Health Plan
Humana Wisconsin Health Organization Insurance Corporation
Partnership Health Plan, Inc.
Security Health Plan of Wisconsin, Inc.

Eau Claire Compcare Health Services Insurance Corporation
Group Health Cooperative of Eau Claire
Health Tradition Health Plan
Humana Wisconsin Health Organization Insurance Corporation
Partnership Health Plan, Inc.
Security Health Plan of Wisconsin, Inc.

Florence Compcare Health Services Insurance Corporation

Fond du Lac Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Managed Health Services Insurance Corp.
Network Health Plan, Inc.
UnitedHealthcare of Wisconsin, Inc.
Unity Health Plans Insurance Corporation
WPS Health Plan

Forest Compcare Health Services Insurance Corporation
Managed Health Services Insurance Corp.
Security Health Plan of Wisconsin, Inc.

Grant Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Group Health Cooperative of Eau Claire
Gundersen Lutheran Health Plan, Inc.
Health Tradition Health Plan
Medical Associates Clinic Health Plan of Wisconsin
Physicians Plus Insurance Corporation
Unity Health Plans Insurance Corporation

Green Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Group Health Cooperative of Eau Claire
Humana Wisconsin Health Organization Insurance Corporation
MercyCare HMO, Inc.
Physicians Plus Insurance Corporation
Unity Health Plans Insurance Corporation

Green Lake Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Managed Health Services Insurance Corp.
Network Health Plan, Inc.
UnitedHealthcare of Wisconsin, Inc.
Unity Health Plans Insurance Corporation

| | |
|------------------|--|
| Iowa | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Group Health Cooperative of Eau Claire Group Health Cooperative of South Central Wisconsin Medical Associates Clinic Health Plan of Wisconsin Physicians Plus Insurance Corporation Unity Health Plans Insurance Corporation |
| Iron | Compcare Health Services Insurance Corporation Security Health Plan of Wisconsin, Inc. |
| Jackson | Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Security Health Plan of Wisconsin, Inc. UnitedHealthcare of Wisconsin, Inc. |
| Jefferson | Abri Health Plan, Inc. Care Wisconsin Health Plan Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corp. MercyCare HMO, Inc. Physicians Plus Insurance Corporation UnitedHealthcare of Wisconsin, Inc. Unity Health Plans Insurance Corporation |
| Juneau | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Physicians Plus Insurance Corporation Security Health Plan of Wisconsin, Inc. Unity Health Plans Insurance Corporation |
| Kenosha | Abri Health Plan, Inc. Children's Community Health Plan, Inc. Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Independent Care Health Plan Managed Health Services Insurance Corp. UnitedHealthcare of Wisconsin, Inc. |
| Kewaunee | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Network Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc. WPS Health Plan |

| | |
|------------------|--|
| La Crosse | Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan UnitedHealthcare of Wisconsin, Inc. |
| Lafayette | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Group Health Cooperative of Eau Claire Medical Associates Clinic Health Plan of Wisconsin Physicians Plus Insurance Corporation Unity Health Plans Insurance Corporation |
| Langlade | Compcare Health Services Insurance Corporation Managed Health Services Insurance Corp. Security Health Plan of Wisconsin, Inc. UnitedHealthcare of Wisconsin, Inc. WPS Health Plan |
| Lincoln | Compcare Health Services Insurance Corporation Managed Health Services Insurance Corp. Security Health Plan of Wisconsin, Inc. WPS Health Plan |
| Manitowoc | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corp. Network Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc. WPS Health Plan |
| Marathon | Compcare Health Services Insurance Corporation Managed Health Services Insurance Corp. Security Health Plan of Wisconsin, Inc. UnitedHealthcare of Wisconsin, Inc. WPS Health Plan |
| Marinette | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation UnitedHealthcare of Wisconsin, Inc. WPS Health Plan |
| Marquette | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Managed Health Services Insurance Corp. Network Health Plan, Inc. Physicians Plus Insurance Corporation UnitedHealthcare of Wisconsin, Inc. Unity Health Plans Insurance Corporation |

Menominee Compcare Health Services Insurance Corporation
Humana Wisconsin Health Organization Insurance Corporation
Managed Health Services Insurance Corp.
UnitedHealthcare of Wisconsin, Inc.

Milwaukee Abri Health Plan, Inc.
Children's Community Health Plan, Inc.
Community Care Health Plan, Inc.
Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Independent Care Health Plan
Managed Health Services Insurance Corp.
UnitedHealthcare of Wisconsin, Inc.

Monroe Compcare Health Services Insurance Corporation
Group Health Cooperative of Eau Claire
Gundersen Lutheran Health Plan, Inc.
Health Tradition Health Plan
Security Health Plan of Wisconsin, Inc.
UnitedHealthcare of Wisconsin, Inc.

Oconto Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Managed Health Services Insurance Corp.
UnitedHealthcare of Wisconsin, Inc.
WPS Health Plan

Oneida Compcare Health Services Insurance Corporation
Security Health Plan of Wisconsin, Inc.
WPS Health Plan

Outagamie Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Managed Health Services Insurance Corp.
Network Health Plan, Inc.
UnitedHealthcare of Wisconsin, Inc.
WPS Health Plan

Ozaukee Abri Health Plan, Inc.
Children's Community Health Plan, Inc.
Community Care Health Plan, Inc.
Compcare Health Services Insurance Corporation
Humana Wisconsin Health Organization Insurance Corporation
Independent Care Health Plan
Managed Health Services Insurance Corp.
UnitedHealthcare of Wisconsin, Inc.

Pepin Compcare Health Services Insurance Corporation
Group Health Cooperative of Eau Claire
Health Tradition Health Plan
Security Health Plan of Wisconsin, Inc.

Pierce Compcare Health Services Insurance Corporation
Group Health Cooperative of Eau Claire
Humana Wisconsin Health Organization Insurance Corporation

Polk Compcare Health Services Insurance Corporation
Group Health Cooperative of Eau Claire
Humana Wisconsin Health Organization Insurance Corporation

Portage Compcare Health Services Insurance Corporation
Managed Health Services Insurance Corp.
Network Health Plan, Inc.
Security Health Plan of Wisconsin, Inc.
UnitedHealthcare of Wisconsin, Inc.
WPS Health Plan

Price Compcare Health Services Insurance Corporation
Security Health Plan of Wisconsin, Inc.

Racine Abri Health Plan, Inc.
Children's Community Health Plan, Inc.
Community Care Health Plan, Inc.
Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Independent Care Health Plan
UnitedHealthcare of Wisconsin, Inc.

Richland Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Group Health Cooperative of Eau Claire
Gundersen Lutheran Health Plan, Inc.
Health Tradition Health Plan
Physicians Plus Insurance Corporation
Unity Health Plans Insurance Corporation

Rock Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Managed Health Services Insurance Corp.
MercyCare HMO, Inc.
Physicians Plus Insurance Corporation
Unity Health Plans Insurance Corporation

Rusk Compcare Health Services Insurance Corporation
Group Health Cooperative of Eau Claire
Security Health Plan of Wisconsin, Inc.

St. Croix Compcare Health Services Insurance Corporation
Group Health Cooperative of Eau Claire
Humana Wisconsin Health Organization Insurance Corporation

Sauk Care Wisconsin Health Plan
Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.

| | |
|---------------------|--|
| Sauk (cont.) | Group Health Cooperative of Eau Claire Group Health Cooperative of South Central Wisconsin Physicians Plus Insurance Corporation Unity Health Plans Insurance Corporation |
| Sawyer | Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Security Health Plan of Wisconsin, Inc. |
| Shawano | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Humana Wisconsin Health Organization Insurance Corporation Managed Health Services Insurance Corp. Network Health Plan, Inc. Security Health Plan of Wisconsin, Inc. UnitedHealthcare of Wisconsin, Inc. WPS Health Plan |
| Sheboygan | Compcare Health Services Insurance Corporation Humana Wisconsin Health Organization Insurance Corporation Independent Care Health Plan Managed Health Services Insurance Corp. Network Health Plan, Inc. UnitedHealthcare of Wisconsin, Inc. WPS Health Plan |
| Taylor | Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Managed Health Services Insurance Corp. Security Health Plan of Wisconsin, Inc. WPS Health Plan |
| Trempealeau | Compcare Health Services Insurance Corporation Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Security Health Plan of Wisconsin, Inc. UnitedHealthcare of Wisconsin, Inc. |
| Vernon | Compcare Health Services Insurance Corporation Dean Health Plan, Inc. Group Health Cooperative of Eau Claire Gundersen Lutheran Health Plan, Inc. Health Tradition Health Plan Physicians Plus Insurance Corporation UnitedHealthcare of Wisconsin, Inc. Unity Health Plans Insurance Corporation |
| Vilas | Compcare Health Services Insurance Corporation Security Health Plan of Wisconsin, Inc. WPS Health Plan |

Walworth Children's Community Health Plan, Inc.
Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Managed Health Services Insurance Corp.
MercyCare HMO, Inc.
UnitedHealthcare of Wisconsin, Inc.
Unity Health Plans Insurance Corporation

Washburn Compcare Health Services Insurance Corporation
Group Health Cooperative of Eau Claire
Security Health Plan of Wisconsin, Inc.

Washington Abri Health Plan, Inc.
Children's Community Health Plan, Inc.
Community Care Health Plan, Inc.
Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Independent Care Health Plan
Managed Health Services Insurance Corp.
UnitedHealthcare of Wisconsin, Inc.

Waukesha Abri Health Plan, Inc.
Children's Community Health Plan, Inc.
Community Care Health Plan, Inc.
Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Independent Care Health Plan
Managed Health Services Insurance Corp.
UnitedHealthcare of Wisconsin, Inc.

Waupaca Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Managed Health Services Insurance Corp.
Network Health Plan, Inc.
Security Health Plan of Wisconsin, Inc.
UnitedHealthcare of Wisconsin, Inc.
WPS Health Plan

Waushara Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Managed Health Services Insurance Corp.
Network Health Plan, Inc.
Security Health Plan of Wisconsin, Inc.
UnitedHealthcare of Wisconsin, Inc.
Unity Health Plans Insurance Corporation

Winnebago

Compcare Health Services Insurance Corporation
Dean Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Managed Health Services Insurance Corp.
Network Health Plan, Inc.
UnitedHealthcare of Wisconsin, Inc.
WPS Health Plan

Wood

Compcare Health Services Insurance Corporation
Managed Health Services Insurance Corp.
Security Health Plan of Wisconsin, Inc.
UnitedHealthcare of Wisconsin, Inc.
WPS Health Plan

Directory of Licensed HMOs

This list includes only HMOs that are licensed separately. Some HMOs are not separately licensed but are offered as a line of business of an insurance company. These plans are not listed in this directory.

Abri Health Plan
2400 South 102nd Street
West Allis, WI 53227
(414) 847-1777
1-888-999-2404
www.abrihealthplan.com

Care Wisconsin Health Plan, Inc.
2802 International Lane
Madison, WI 53704
(608) 245-3075
1-800-963-0035
www.carewisconsinhealthplan.org/cms

Children's Community Health Plan, Inc.
P. O. Box 56099
Madison, WI 53705
1-800-482-8010
www.childrenschp.com

Community Care Health Plan, Inc.
1555 South Layton Boulevard
Milwaukee, WI 53215
(414) 385-6600
1-866-992-6600
www.CommunityCareInc.org

Compcare Health Services Ins. Corp.
N17 W24340 Riverwood Drive
Waukesha, WI 53188
(414) 459-5000
1-888-641-5224
www.anthem.com

Dean Health Plan, Inc.
d/b/a DeanCareHMO
1277 Deming Way
Madison, WI 53717
(608) 828-1301
1-800-279-1301
www.deancare.com

Group Health Cooperative of Eau Claire
2503 North Hillcrest Parkway
Altoona, WI 54720
(715) 552-4300
1-888-203-7770
www.group-health.com

Group Health Cooperative of South
Central Wisconsin
1265 John Q. Hammons Drive
Madison, WI 53717
(608) 828-4853
1-800-605-4327
www.ghc-hmo.com

Gundersen Lutheran Health Plan, Inc.
1900 South Avenue
La Crosse, WI 54601
(608) 782-7300
1-800-362-9567
www.gundluth.org

Health Tradition Health Plan
1808 East Main Street
Onalaska, WI 54650
(608) 781-9692
1-888-459-3020
www.healthtradition.com

Humana Wisconsin Health Org. Ins. Corp.
N19 W24133 Riverwood Drive, Suite 300
Waukesha, WI 53188-1174
(262) 951-2300
1-800-289-0260
www.humana.com

Independent Care Health Plan
1555 North RiverCenter Drive, Suite 206
Milwaukee, WI 53212
(414) 223-4847
1-800-777-4376
www.icare-wi.org

Directory of Licensed HMOs (continued)

Managed Health Services Insurance Corp.
10700 West Research Drive #300
Milwaukee, WI 53226
(314) 725-4477
1-888-713-6180
www.mhswi.com

Medical Associates Clinic Health
Plan of Wisconsin, The
1500 Associates Drive
Dubuque, IA 52002
(563) 556-8070
1-800-747-8900
www.mahealthcare.com

MercyCare HMO, Inc.
3430 Palmer Drive
P. O. Box 2770
Janesville, WI 53547-2770
(608) 752-3431
1-800-752-3431
www.mercycarehealthplans.com

Network Health Plan, Inc.
1570 Midway Place
P. O. Box 120
Menasha, WI 54952-0120
(920) 720-1300
1-800-826-0940
www.networkhealth.com

Partnership Health Plan, Inc.
2240 Eastridge Center
Eau Claire, WI 54701
(715) 838-2900
1-800-842-1814
www.communityhealthpartnership.com

Physicians Plus Ins. Corp.
22 East Mifflin Street, Suite 200
Madison, WI 53703
(608) 282-8900
1-800-545-5015
www.pplusic.com

Security Health Plan of Wisconsin, Inc.
1515 Saint Joseph Avenue
P. O. Box 8000
Marshfield, WI 54449-8000
(715) 221-9555
1-800-472-2363
www.securityhealth.org

UnitedHealthcare of Wisconsin, Inc.
10701 West Research Drive
Wauwatosa, WI 53226
(414) 443-4000
1-800-879-0071
www.unitedhealthcare.com

Unity Health Plans Ins. Corp.
840 Carolina Street
Sauk City, WI 53583
(608) 643-2491
1-800-362-3310
www.unityhealth.com

WPS Health Plan, Inc.
P.O. Box 14540
Madison, WI 53708-0540
(608) 221-4711
1-888-711-1444
www.WeCareForWisconsin.com

Directory of Licensed LSHOs and Counties Served

This list includes only LSHOs that are licensed separately. Some LSHOs are not separately licensed but are offered as a line of business of an insurance company. These plans are not listed in this directory.

| <u>Name of Insurer</u> | <u>Counties Served*</u> |
|---|---|
| American Dental Plan of Wisconsin, Inc. P. O. Box 44966 Madison, WI 53744-4966 (608) 831-1047 | Columbia, Dane, Dodge, Grant, Iowa, Jefferson, Richland, Rock, Sauk, Waukesha |
| Care-Plus Dental Plans, Inc. 11711 West Burleigh Street Wauwatosa, WI 53222-3108 (414) 771-1711 | Brown, Calumet, Dodge, Door, Fond du Lac, Green Lake, Jefferson, Kenosha, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago |
| Dental Com Insurance Plan P.O. Box 929 Marshfield, WI 54449-0929 (715) 387-1702 | Clark, Marathon, Portage, Taylor, Wood |
| Dental Protection Plan, Inc., Southeastern Wisconsin 7130 West Greenfield Avenue West Allis, WI 53214-4708 (414) 259-9522 | Dunn, Eau Claire, Outagamie, Winnebago |
| Direct Dental Services Plan, Inc. 1320 South Green Bay Road Racine, WI 53406 (262) 637-9371 | Kenosha, Racine |
| Doral Dental Plan of WI, Inc. 12121 North Corporate Parkway Mequon, WI 53092 (262) 241-7140 | Milwaukee, Waukesha, Racine, Kenosha, Ozaukee, Washington, Jefferson |
| Eye Care of Wisconsin, Inc. 8633 North Port Washington Road Fox Point, WI 53217 (414) 351-3030 1-800-373-6370 | Statewide |

* Plans may serve only portions of listed counties. Consult the plan for more detailed information.

Directory of Licensed LSHOs and Counties Served (continued)

| <u>Name of Insurer</u> | <u>Counties Served*</u> |
|---|--|
| SeniorDent Dental Plan, Inc. 8725 West Higgins Road, Suite 485 Chicago, IL 60631 (773) 329-4450 1-888-889-6977 | Dane, Dodge, Fond du Lac, Green Lake, Iowa, Jefferson, Kenosha, Kewaunee, Manitowoc, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Waukesha, Waushara, and Winnebago |
| Vision Care Network Insurance Corp. 1421 Washington Avenue Racine, WI 53403-2254 (262) 637-7494 | Kenosha, Milwaukee, Racine |
| Vision Insurance Plan of America, Inc. 6737 West Washington Street, Suite 2202 P.O. Box 44077 West Allis, WI 53214-7077 (414) 475-1875 1-800-883-5747 www.visionplans.com | Statewide |

* Plans may serve only portions of listed counties. Consult the plan for more detailed information.

Table 1A

**Wisconsin Counties Enrollment
As of January 1, 2009**

| | HMO | | | POS | | | Total HMO & POS | Popu- lation | Pene- tration |
|-------------|----------------|---------------------------|--------------|----------------|---------------------------|--------------|-----------------|-----------------|------------------|
| | Small Group | Large Group & Other | Total HMO | Small Group | Large Group & Other | Total POS | | | |
| Adams | 164 | 1,487 | 1,651 | 60 | 668 | 728 | 2,379 | 20,325 | 12% |
| Ashland | 73 | 2,036 | 2,109 | 177 | 284 | 461 | 2,570 | 16,295 | 16% |
| Barron | 80 | 6,851 | 6,931 | 125 | 299 | 424 | 7,355 | 45,590 | 16% |
| Bayfield | 11 | 1,317 | 1,328 | 108 | 154 | 262 | 1,590 | 14,926 | 11% |
| Brown | 789 | 30,678 | 31,467 | 6,391 | 8,995 | 15,386 | 46,853 | 245,018 | 19% |
| Buffalo | 161 | 1,211 | 1,372 | 24 | 347 | 371 | 1,743 | 13,741 | 13% |
| Burnett | 0 | 794 | 794 | 61 | 152 | 213 | 1,007 | 16,196 | 6% |
| Calumet | 1,171 | 7,520 | 8,691 | 487 | 1,691 | 2,178 | 10,869 | 44,727 | 24% |
| Chippewa | 236 | 12,739 | 12,975 | 106 | 402 | 508 | 13,483 | 60,456 | 22% |
| Clark | 778 | 12,003 | 12,781 | 111 | 382 | 493 | 13,274 | 33,553 | 40% |
| Columbia | 2,551 | 25,024 | 27,575 | 567 | 2,149 | 2,716 | 30,291 | 55,196 | 55% |
| Crawford | 311 | 3,253 | 3,564 | 57 | 267 | 324 | 3,888 | 16,885 | 23% |
| Dane | 27,758 | 241,806 | 269,564 | 4,421 | 17,041 | 21,462 | 291,026 | 482,705 | 60% |
| Dodge | 1,373 | 20,770 | 22,143 | 1,192 | 3,535 | 4,727 | 26,870 | 87,912 | 31% |
| Door | 6 | 475 | 481 | 515 | 705 | 1,220 | 1,701 | 27,771 | 6% |
| Douglas | 9 | 4,859 | 4,868 | 97 | 241 | 338 | 5,206 | 43,774 | 12% |
| Dunn | 54 | 5,255 | 5,309 | 29 | 265 | 294 | 5,603 | 42,688 | 13% |
| Eau Claire | 283 | 18,603 | 18,886 | 105 | 490 | 595 | 19,481 | 98,286 | 20% |
| Florence | 0 | 15 | 15 | 6 | 21 | 27 | 42 | 4,652 | 1% |
| Fond du Lac | 780 | 13,843 | 14,623 | 1,920 | 2,120 | 4,040 | 18,663 | 99,453 | 19% |
| Forest | 2 | 1,783 | 1,785 | 39 | 36 | 75 | 1,860 | 9,846 | 19% |
| Grant | 1,265 | 14,906 | 16,171 | 194 | 861 | 1,055 | 17,226 | 49,238 | 35% |
| Green | 1,284 | 12,537 | 13,821 | 235 | 1,777 | 2,012 | 15,833 | 36,090 | 44% |
| Green Lake | 476 | 3,830 | 4,306 | 352 | 558 | 910 | 5,216 | 18,566 | 28% |
| Iowa | 922 | 8,269 | 9,191 | 220 | 560 | 780 | 9,971 | 23,604 | 42% |
| Iron | 6 | 412 | 418 | 37 | 91 | 128 | 546 | 6,197 | 9% |
| Jackson | 336 | 3,720 | 4,056 | 59 | 678 | 737 | 4,793 | 19,904 | 24% |
| Jefferson | 1,587 | 20,718 | 22,305 | 900 | 2,466 | 3,366 | 25,671 | 80,792 | 32% |
| Juneau | 574 | 4,474 | 5,048 | 253 | 352 | 605 | 5,653 | 26,633 | 21% |
| Kenosha | 4 | 19,144 | 19,148 | 1,322 | 1,533 | 2,855 | 22,003 | 164,465 | 13% |
| Kewaunee | 38 | 776 | 814 | 413 | 1,109 | 1,522 | 2,336 | 20,388 | 11% |
| La Crosse | 4,195 | 23,729 | 27,924 | 547 | 2,987 | 3,534 | 31,458 | 112,627 | 28% |
| Lafayette | 701 | 3,616 | 4,317 | 150 | 475 | 625 | 4,942 | 15,871 | 31% |
| Langlade | 18 | 4,732 | 4,750 | 180 | 132 | 312 | 5,062 | 20,165 | 25% |
| Lincoln | 93 | 9,174 | 9,267 | 227 | 366 | 593 | 9,860 | 29,499 | 33% |
| Manitowoc | 183 | 5,884 | 6,067 | 2,048 | 5,804 | 7,852 | 13,919 | 80,641 | 17% |
| Marathon | 955 | 31,730 | 32,685 | 964 | 1,098 | 2,062 | 34,747 | 130,962 | 27% |
| Marinette | 18 | 572 | 590 | 334 | 1,017 | 1,351 | 1,941 | 42,288 | 5% |
| Marquette | 386 | 5,137 | 5,523 | 176 | 345 | 521 | 6,044 | 15,060 | 40% |
| Menominee | 6 | 248 | 254 | 5 | 14 | 19 | 273 | 4,571 | 6% |
| Milwaukee | 103 | 230,644 | 230,747 | 9,532 | 15,527 | 25,059 | 255,806 | 953,328 | 27% |
| Monroe | 1,242 | 8,525 | 9,767 | 167 | 704 | 871 | 10,638 | 43,350 | 25% |
| Oconto | 45 | 4,820 | 4,865 | 767 | 1,082 | 1,849 | 6,714 | 37,529 | 18% |
| Oneida | 97 | 10,803 | 10,900 | 234 | 301 | 535 | 11,435 | 36,031 | 32% |
| Outagamie | 4,925 | 27,315 | 32,240 | 2,815 | 6,870 | 9,685 | 41,925 | 174,993 | 24% |
| Ozaukee | 7 | 6,029 | 6,036 | 2,332 | 2,827 | 5,159 | 11,195 | 85,874 | 13% |
| Pepin | 7 | 310 | 317 | 8 | 91 | 99 | 416 | 7,357 | 6% |
| Pierce | 2 | 1,230 | 1,232 | 43 | 426 | 469 | 1,701 | 40,254 | 4% |
| Polk | 1 | 1,831 | 1,832 | 82 | 366 | 448 | 2,280 | 44,270 | 5% |
| Portage | 289 | 16,018 | 16,307 | 271 | 559 | 830 | 17,137 | 68,744 | 25% |
| Price | 180 | 3,078 | 3,258 | 80 | 72 | 152 | 3,410 | 14,278 | 24% |
| Racine | 24 | 27,468 | 27,492 | 3,505 | 2,881 | 6,386 | 33,878 | 199,510 | 17% |
| Richland | 390 | 3,655 | 4,045 | 105 | 392 | 497 | 4,542 | 17,982 | 25% |

Table 1A (continued)

**Wisconsin Counties Enrollment
 As of January 1, 2009**

| | HMO | | | POS | | | Total HMO & POS | Popu- lation | Pene- tration |
|--------------------|----------------|---------------------------|------------------|----------------|---------------------------|----------------|--------------------|------------------|------------------|
| | Small Group | Large Group & Other | Total HMO | Small Group | Large Group & Other | Total POS | | | |
| Rock | 2,646 | 43,363 | 46,009 | 755 | 5,499 | 6,254 | 52,263 | 160,213 | 33% |
| Rusk | 169 | 4,565 | 4,734 | 24 | 86 | 110 | 4,844 | 14,389 | 34% |
| St. Croix | 14 | 1,496 | 1,510 | 77 | 850 | 927 | 2,437 | 82,487 | 3% |
| Sauk | 2,604 | 24,260 | 26,864 | 492 | 1,647 | 2,139 | 29,003 | 59,013 | 49% |
| Sawyer | 7 | 2,383 | 2,390 | 35 | 250 | 285 | 2,675 | 17,117 | 16% |
| Shawano | 111 | 5,697 | 5,808 | 394 | 751 | 1,145 | 6,953 | 40,972 | 17% |
| Sheboygan | 38 | 9,721 | 9,759 | 1,528 | 2,174 | 3,702 | 13,461 | 114,561 | 12% |
| Taylor | 286 | 5,575 | 5,861 | 127 | 122 | 249 | 6,110 | 19,308 | 32% |
| Trempealeau | 774 | 5,543 | 6,317 | 120 | 672 | 792 | 7,109 | 27,790 | 26% |
| Vernon | 986 | 5,206 | 6,192 | 177 | 1,224 | 1,401 | 7,593 | 29,090 | 26% |
| Vilas | 73 | 4,386 | 4,459 | 314 | 241 | 555 | 5,014 | 21,919 | 23% |
| Walworth | 430 | 13,031 | 13,461 | 1,606 | 2,916 | 4,522 | 17,983 | 100,749 | 18% |
| Washburn | 7 | 2,251 | 2,258 | 75 | 147 | 222 | 2,480 | 16,712 | 15% |
| Washington | 62 | 9,915 | 9,977 | 2,892 | 3,073 | 5,965 | 15,942 | 129,477 | 12% |
| Waukesha | 181 | 25,127 | 25,308 | 8,615 | 10,044 | 18,659 | 43,967 | 380,629 | 12% |
| Waupaca | 487 | 7,745 | 8,232 | 455 | 1,375 | 1,830 | 10,062 | 51,858 | 19% |
| Waushara | 345 | 4,584 | 4,929 | 291 | 555 | 846 | 5,775 | 24,760 | 23% |
| Winnebago | 3,288 | 34,129 | 37,417 | 1,982 | 5,098 | 7,080 | 44,497 | 162,111 | 27% |
| Wood | 1,177 | 33,427 | 34,604 | 195 | 601 | 796 | 35,400 | 73,756 | 48% |
| Totals | 70,634 | 1,170,060 | 1,240,694 | 65,309 | 131,890 | 197,199 | 1,437,893 | 5,627,967 | 26% |

Percentages are based on U.S. Census Bureau estimates as of July 1, 2008, and are rounded to nearest whole percent.

**Table 2
Wisconsin HMOs (Closed Panel Plans) Enrollment by County
As of January 1, 2009**

| | Abri | Care WI | CCHP | Child- ren's | Comp- care | Dean | GHC-EC | GHC-SC WI | Gunder- sen | Health Tradition | Humana | I-Care |
|-------------|------|---------|------|-----------------|---------------|--------|--------|--------------|----------------|---------------------|--------|--------|
| Adams | 8 | 0 | 0 | 0 | 0 | 416 | 0 | 63 | 33 | 21 | 4 | 0 |
| Ashland | 0 | 0 | 0 | 0 | 53 | 5 | 870 | 0 | 0 | 0 | 0 | 0 |
| Barron | 0 | 0 | 0 | 0 | 24 | 1 | 4,107 | 0 | 2 | 73 | 15 | 0 |
| Bayfield | 0 | 0 | 0 | 0 | 48 | 0 | 811 | 0 | 0 | 0 | 2 | 0 |
| Brown | 0 | 0 | 0 | 0 | 24 | 19 | 1 | 0 | 1 | 1 | 168 | 1 |
| Buffalo | 0 | 0 | 0 | 0 | 1 | 1 | 698 | 0 | 119 | 410 | 10 | 0 |
| Burnett | 0 | 0 | 0 | 0 | 52 | 2 | 679 | 0 | 0 | 1 | 6 | 0 |
| Calumet | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 22 | 0 |
| Chippewa | 0 | 0 | 0 | 0 | 26 | 5 | 6,734 | 0 | 6 | 91 | 8 | 0 |
| Clark | 0 | 0 | 0 | 0 | 1 | 3 | 652 | 0 | 26 | 46 | 0 | 0 |
| Columbia | 0 | 5 | 0 | 82 | 2 | 15,740 | 81 | 1,800 | 10 | 10 | 0 | 0 |
| Crawford | 0 | 0 | 0 | 0 | 1 | 263 | 3 | 0 | 1,642 | 1,081 | 1 | 0 |
| Dane | 0 | 1,035 | 0 | 676 | 21 | 91,086 | 28 | 52,058 | 7 | 18 | 36 | 0 |
| Dodge | 43 | 15 | 0 | 0 | 32 | 14,411 | 0 | 128 | 1 | 0 | 120 | 0 |
| Door | 0 | 0 | 0 | 0 | 0 | 9 | 0 | 0 | 0 | 0 | 16 | 0 |
| Douglas | 0 | 0 | 0 | 0 | 226 | 0 | 2,631 | 0 | 0 | 0 | 40 | 0 |
| Dunn | 0 | 0 | 0 | 0 | 5 | 4 | 4,415 | 0 | 2 | 105 | 22 | 0 |
| Eau Claire | 0 | 0 | 0 | 0 | 35 | 6 | 12,911 | 0 | 28 | 468 | 54 | 0 |
| Florence | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Fond du Lac | 0 | 0 | 0 | 0 | 9 | 1,412 | 5 | 8 | 1 | 0 | 315 | 0 |
| Forest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Grant | 0 | 0 | 0 | 0 | 0 | 8,140 | 468 | 48 | 571 | 171 | 0 | 0 |
| Green | 0 | 0 | 0 | 0 | 0 | 7,267 | 327 | 847 | 0 | 4 | 1 | 0 |
| Green Lake | 0 | 0 | 0 | 0 | 0 | 601 | 3 | 0 | 183 | 0 | 7 | 0 |
| Iowa | 0 | 0 | 0 | 59 | 0 | 5,407 | 303 | 454 | 13 | 5 | 0 | 0 |
| Iron | 0 | 0 | 0 | 0 | 1 | 5 | 21 | 0 | 0 | 0 | 0 | 0 |
| Jackson | 0 | 0 | 0 | 0 | 1 | 5 | 543 | 0 | 1,383 | 1,210 | 5 | 0 |
| Jefferson | 11 | 10 | 0 | 0 | 30 | 12,958 | 5 | 542 | 0 | 0 | 138 | 0 |
| Juneau | 0 | 0 | 0 | 0 | 0 | 1,193 | 0 | 33 | 1,257 | 1,533 | 0 | 0 |
| Kenosha | 717 | 0 | 20 | 2,109 | 250 | 23 | 0 | 0 | 0 | 0 | 1,078 | 25 |
| Kewaunee | 0 | 0 | 0 | 0 | 2 | 3 | 0 | 0 | 0 | 0 | 13 | 0 |
| La Crosse | 0 | 0 | 0 | 0 | 3 | 14 | 360 | 0 | 14,109 | 13,140 | 2 | 0 |
| Lafayette | 0 | 0 | 0 | 0 | 0 | 2,287 | 446 | 145 | 1 | 0 | 0 | 0 |
| Langlade | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lincoln | 0 | 0 | 0 | 0 | 1 | 5 | 2 | 4 | 2 | 0 | 0 | 0 |
| Manitowoc | 0 | 0 | 0 | 0 | 0 | 8 | 1 | 0 | 0 | 3 | 131 | 0 |
| Marathon | 0 | 0 | 0 | 0 | 5 | 9 | 0 | 0 | 0 | 1 | 0 | 0 |

**Table 2 (continued)
Wisconsin HMOs (Closed Panel Plans) Enrollment by County
As of January 1, 2009**

| | Abri | Care WI | CCHP | Child-ren's | Comp-care | Dean | GHC-EC | GHC-SC WI | Gunder-sen | Health Tradition | Humana | I-Care |
|---------------|---------------|--------------|--------------|---------------|---------------|----------------|---------------|---------------|---------------|------------------|---------------|---------------|
| Marinette | 0 | 0 | 0 | 0 | 1 | 6 | 14 | 0 | 1 | 0 | 19 | 0 |
| Marquette | 0 | 0 | 0 | 0 | 0 | 1,873 | 1 | 34 | 10 | 5 | 1 | 0 |
| Menominee | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Milwaukee | 10,637 | 0 | 1,915 | 7,935 | 43,058 | 109 | 1 | 53 | 3 | 6 | 12,418 | 10,814 |
| Monroe | 0 | 0 | 0 | 0 | 0 | 44 | 139 | 0 | 3,557 | 5,854 | 0 | 0 |
| Oconto | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 7 | 0 |
| Oneida | 0 | 0 | 0 | 0 | 0 | 14 | 2 | 0 | 0 | 4 | 2 | 0 |
| Outagamie | 0 | 0 | 0 | 0 | 11 | 35 | 9 | 0 | 1 | 1 | 36 | 0 |
| Ozaukee | 251 | 0 | 0 | 90 | 186 | 19 | 1 | 0 | 0 | 1 | 1,062 | 4 |
| Pepin | 0 | 0 | 0 | 0 | 13 | 0 | 9 | 0 | 16 | 121 | 25 | 0 |
| Pierce | 0 | 0 | 0 | 0 | 177 | 3 | 257 | 0 | 0 | 4 | 696 | 0 |
| Polk | 0 | 0 | 0 | 0 | 76 | 0 | 1,642 | 0 | 0 | 4 | 56 | 0 |
| Portage | 0 | 0 | 0 | 0 | 0 | 30 | 0 | 0 | 0 | 0 | 1 | 0 |
| Price | 0 | 0 | 0 | 0 | 0 | 7 | 37 | 0 | 0 | 0 | 0 | 0 |
| Racine | 3,975 | 0 | 216 | 3,212 | 1,024 | 77 | 6 | 0 | 1 | 0 | 3,224 | 63 |
| Richland | 0 | 0 | 0 | 0 | 0 | 1,549 | 31 | 40 | 647 | 31 | 0 | 0 |
| Rock | 0 | 0 | 0 | 0 | 2 | 17,073 | 0 | 739 | 1 | 8 | 22 | 0 |
| Rusk | 0 | 0 | 0 | 0 | 0 | 2 | 791 | 0 | 0 | 2 | 0 | 0 |
| St. Croix | 0 | 0 | 0 | 0 | 234 | 2 | 660 | 0 | 0 | 5 | 548 | 0 |
| Sauk | 0 | 31 | 0 | 0 | 0 | 19,563 | 323 | 458 | 50 | 17 | 0 | 0 |
| Sawyer | 0 | 0 | 0 | 0 | 17 | 6 | 736 | 0 | 2 | 2 | 2 | 0 |
| Shawano | 0 | 0 | 0 | 0 | 0 | 4 | 1 | 0 | 0 | 0 | 17 | 0 |
| Sheboygan | 0 | 0 | 0 | 0 | 12 | 46 | 0 | 0 | 0 | 0 | 371 | 24 |
| Taylor | 0 | 0 | 0 | 0 | 1 | 2 | 166 | 0 | 0 | 1 | 0 | 0 |
| Trempealeau | 0 | 0 | 0 | 0 | 3 | 0 | 996 | 0 | 2,192 | 2,716 | 1 | 0 |
| Vernon | 0 | 0 | 0 | 0 | 1 | 143 | 98 | 0 | 3,973 | 1,693 | 3 | 0 |
| Vilas | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 3 | 1 | 0 | 1 | 0 |
| Walworth | 0 | 0 | 0 | 2,855 | 174 | 3,288 | 0 | 20 | 0 | 0 | 353 | 0 |
| Washburn | 0 | 0 | 0 | 0 | 71 | 2 | 1,622 | 0 | 3 | 2 | 9 | 0 |
| Washington | 493 | 0 | 0 | 185 | 212 | 97 | 26 | 0 | 2 | 1 | 941 | 6 |
| Waukesha | 617 | 0 | 0 | 965 | 1,128 | 994 | 5 | 31 | 2 | 3 | 3,295 | 24 |
| Waupaca | 0 | 0 | 0 | 0 | 0 | 6 | 3 | 0 | 0 | 3 | 39 | 0 |
| Waushara | 0 | 0 | 0 | 0 | 6 | 149 | 0 | 0 | 0 | 4 | 35 | 0 |
| Winnebago | 0 | 0 | 0 | 0 | 15 | 111 | 3 | 0 | 1 | 0 | 98 | 0 |
| Wood | 0 | 0 | 0 | 0 | 0 | 31 | 5 | 9 | 2 | 25 | 6 | 0 |
| Totals | 16,752 | 1,096 | 2,151 | 18,168 | 47,276 | 206,613 | 44,691 | 57,517 | 29,862 | 28,905 | 25,502 | 10,961 |

Table 2 (continued)
Wisconsin HMOs (Closed Panel Plans) Enrollment by County
As of January 1, 2009

| | Managed Health | Medica | Medical Assoc. | Mercy-Care | Network Health | PHPI | Physicians Plus | Security Health | UHC of WI | Unity Health | WPS HP | Totals |
|-------------|----------------|--------|----------------|------------|----------------|-------|-----------------|-----------------|-----------|--------------|--------|---------|
| Adams | 0 | 0 | 0 | 0 | 11 | 0 | 252 | 269 | 0 | 492 | 82 | 1,651 |
| Ashland | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 1,177 | 0 | 1 | 0 | 2,109 |
| Barron | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 2,706 | 0 | 0 | 0 | 6,931 |
| Bayfield | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 463 | 0 | 1 | 0 | 1,328 |
| Brown | 3,715 | 0 | 0 | 0 | 5,707 | 0 | 6 | 67 | 16,717 | 31 | 5,009 | 31,467 |
| Buffalo | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 130 | 0 | 0 | 0 | 1,372 |
| Burnett | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 52 | 0 | 2 | 0 | 794 |
| Calumet | 317 | 0 | 0 | 0 | 6,762 | 0 | 2 | 5 | 1,468 | 8 | 97 | 8,691 |
| Chippewa | 0 | 0 | 0 | 0 | 0 | 433 | 0 | 5,637 | 0 | 35 | 0 | 12,975 |
| Clark | 368 | 0 | 0 | 0 | 275 | 3 | 2 | 11,386 | 0 | 5 | 14 | 12,781 |
| Columbia | 0 | 0 | 0 | 2 | 22 | 0 | 6,201 | 15 | 0 | 3,605 | 0 | 27,575 |
| Crawford | 0 | 0 | 359 | 0 | 1 | 0 | 25 | 1 | 0 | 187 | 0 | 3,564 |
| Dane | 0 | 0 | 0 | 163 | 21 | 0 | 70,310 | 107 | 82 | 53,916 | 0 | 269,564 |
| Dodge | 873 | 0 | 0 | 85 | 1,108 | 0 | 801 | 11 | 1,049 | 3,466 | 0 | 22,143 |
| Door | 0 | 0 | 0 | 0 | 38 | 0 | 4 | 6 | 235 | 8 | 165 | 481 |
| Douglas | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,971 | 0 | 0 | 0 | 4,868 |
| Dunn | 0 | 0 | 0 | 0 | 0 | 337 | 0 | 417 | 0 | 2 | 0 | 5,309 |
| Eau Claire | 0 | 0 | 0 | 0 | 6 | 1,001 | 6 | 4,313 | 0 | 58 | 0 | 18,886 |
| Florence | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 12 | 0 | 0 | 1 | 15 |
| Fond du Lac | 1,785 | 0 | 0 | 2 | 7,940 | 0 | 32 | 12 | 2,772 | 318 | 12 | 14,623 |
| Forest | 218 | 0 | 0 | 0 | 214 | 0 | 0 | 1,348 | 0 | 5 | 0 | 1,785 |
| Grant | 0 | 0 | 4,975 | 5 | 0 | 0 | 335 | 10 | 0 | 1,448 | 0 | 16,171 |
| Green | 0 | 0 | 6 | 757 | 0 | 0 | 2,042 | 2 | 0 | 2,568 | 0 | 13,821 |
| Green Lake | 318 | 0 | 0 | 0 | 2,047 | 0 | 97 | 16 | 829 | 199 | 6 | 4,306 |
| Iowa | 0 | 0 | 43 | 1 | 0 | 0 | 1,583 | 1 | 0 | 1,322 | 0 | 9,191 |
| Iron | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 391 | 0 | 0 | 0 | 418 |
| Jackson | 0 | 0 | 0 | 0 | 2 | 3 | 2 | 895 | 3 | 4 | 0 | 4,056 |
| Jefferson | 1,308 | 0 | 0 | 1,315 | 1,098 | 0 | 1,751 | 7 | 480 | 2,652 | 0 | 22,305 |
| Juneau | 0 | 0 | 0 | 3 | 0 | 0 | 189 | 219 | 0 | 621 | 0 | 5,048 |
| Kenosha | 3,315 | 0 | 0 | 7 | 1,787 | 0 | 0 | 8 | 9,793 | 16 | 0 | 19,148 |
| Kewaunee | 0 | 0 | 0 | 0 | 56 | 0 | 1 | 4 | 399 | 2 | 334 | 814 |
| La Crosse | 0 | 0 | 0 | 0 | 0 | 1 | 8 | 34 | 241 | 12 | 0 | 27,924 |
| Lafayette | 0 | 0 | 472 | 5 | 0 | 0 | 439 | 1 | 0 | 521 | 0 | 4,317 |
| Langlade | 642 | 0 | 0 | 0 | 614 | 0 | 1 | 3,434 | 0 | 0 | 55 | 4,750 |
| Lincoln | 478 | 0 | 0 | 0 | 451 | 0 | 2 | 8,253 | 0 | 3 | 66 | 9,267 |
| Manitowoc | 1,477 | 0 | 0 | 0 | 1,933 | 0 | 0 | 20 | 2,191 | 1 | 302 | 6,067 |
| Marathon | 2,765 | 0 | 0 | 1 | 2,031 | 0 | 11 | 27,391 | 0 | 21 | 450 | 32,685 |

Table 2 (continued)
Wisconsin HMOs (Closed Panel Plans) Enrollment by County
As of January 1, 2009

| | Managed Health | Medica | Medical Assoc. | Mercy-Care | Network Health | PHPI | Physicians Plus | Security Health | UHC of WI | Unity Health | WPS HP | Totals |
|---------------|----------------|----------|----------------|---------------|----------------|--------------|-----------------|-----------------|----------------|---------------|--------------|------------------|
| Marinette | 0 | 0 | 0 | 0 | 48 | 0 | 7 | 16 | 206 | 5 | 267 | 590 |
| Marquette | 197 | 0 | 0 | 0 | 386 | 0 | 1,492 | 36 | 1,051 | 437 | 0 | 5,523 |
| Menominee | 8 | 0 | 0 | 0 | 20 | 0 | 2 | 1 | 218 | 0 | 5 | 254 |
| Milwaukee | 36,555 | 0 | 0 | 4 | 10,135 | 0 | 57 | 127 | 96,807 | 105 | 8 | 230,747 |
| Monroe | 0 | 0 | 0 | 1 | 0 | 0 | 22 | 52 | 63 | 35 | 0 | 9,767 |
| Oconto | 635 | 0 | 0 | 0 | 732 | 0 | 4 | 53 | 2,656 | 3 | 771 | 4,865 |
| Oneida | 813 | 0 | 0 | 0 | 911 | 0 | 6 | 9,132 | 0 | 9 | 7 | 10,900 |
| Outagamie | 1,242 | 0 | 0 | 0 | 21,323 | 0 | 8 | 111 | 8,228 | 31 | 1,204 | 32,240 |
| Ozaukee | 512 | 0 | 0 | 0 | 278 | 0 | 1 | 35 | 3,574 | 22 | 0 | 6,036 |
| Pepin | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 130 | 0 | 0 | 0 | 317 |
| Pierce | 0 | 0 | 0 | 0 | 1 | 16 | 0 | 78 | 0 | 0 | 0 | 1,232 |
| Polk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 54 | 0 | 0 | 0 | 1,832 |
| Portage | 816 | 0 | 0 | 0 | 919 | 0 | 24 | 14,364 | 73 | 39 | 41 | 16,307 |
| Price | 0 | 0 | 0 | 0 | 2 | 0 | 4 | 3,202 | 0 | 4 | 2 | 3,258 |
| Racine | 0 | 0 | 0 | 88 | 4 | 0 | 6 | 12 | 15,556 | 28 | 0 | 27,492 |
| Richland | 0 | 0 | 0 | 2 | 0 | 0 | 489 | 5 | 0 | 1,251 | 0 | 4,045 |
| Rock | 5,181 | 0 | 0 | 17,905 | 1,062 | 0 | 2,180 | 8 | 0 | 1,828 | 0 | 46,009 |
| Rusk | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 3,937 | 0 | 0 | 0 | 4,734 |
| St. Croix | 0 | 0 | 0 | 0 | 0 | 13 | 0 | 44 | 0 | 4 | 0 | 1,510 |
| Sauk | 0 | 0 | 0 | 1 | 0 | 0 | 2,894 | 18 | 0 | 3,509 | 0 | 26,864 |
| Sawyer | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 1,611 | 0 | 9 | 0 | 2,390 |
| Shawano | 677 | 0 | 0 | 0 | 791 | 0 | 2 | 1,019 | 3,154 | 8 | 135 | 5,808 |
| Sheboygan | 1,124 | 0 | 0 | 0 | 1,455 | 0 | 3 | 8 | 6,639 | 13 | 64 | 9,759 |
| Taylor | 208 | 0 | 0 | 0 | 252 | 0 | 0 | 5,177 | 0 | 16 | 38 | 5,861 |
| Trempealeau | 0 | 0 | 0 | 0 | 0 | 1 | 6 | 301 | 95 | 6 | 0 | 6,317 |
| Vernon | 0 | 0 | 0 | 1 | 0 | 0 | 43 | 12 | 23 | 202 | 0 | 6,192 |
| Vilas | 337 | 0 | 0 | 0 | 311 | 0 | 3 | 3,786 | 0 | 10 | 2 | 4,459 |
| Walworth | 325 | 0 | 0 | 4,843 | 130 | 0 | 91 | 9 | 1,104 | 269 | 0 | 13,461 |
| Washburn | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 540 | 0 | 1 | 0 | 2,258 |
| Washington | 1,550 | 0 | 0 | 2 | 930 | 0 | 20 | 41 | 5,383 | 88 | 0 | 9,977 |
| Waukesha | 1,629 | 0 | 0 | 32 | 841 | 0 | 104 | 71 | 15,327 | 240 | 0 | 25,308 |
| Waupaca | 349 | 0 | 0 | 0 | 2,737 | 0 | 3 | 663 | 4,377 | 13 | 39 | 8,232 |
| Waushara | 555 | 0 | 0 | 0 | 2,150 | 0 | 284 | 382 | 1,310 | 50 | 4 | 4,929 |
| Winnebago | 1,488 | 0 | 0 | 0 | 25,668 | 0 | 13 | 128 | 9,502 | 37 | 353 | 37,417 |
| Wood | 1,281 | 0 | 0 | 0 | 998 | 0 | 200 | 31,880 | 0 | 78 | 89 | 34,604 |
| Totals | 73,061 | 0 | 5,855 | 25,226 | 104,215 | 1,815 | 92,087 | 147,834 | 211,605 | 79,880 | 9,622 | 1,240,694 |

**Table 3
Wisconsin HMOs (Point-of-Service Plans) Enrollment by County
As of January 1, 2009**

| | Comp-care | Dean | GHC-SC WI | Gunder-sen | Health Tradition | Humana | Medical Assoc. | Mercy-Care | Network Health | Physicians Plus | UHC of WI | Unity Health | WPS HP | Totals |
|-------------|-----------|-------|-----------|------------|------------------|--------|----------------|------------|----------------|-----------------|-----------|--------------|--------|--------|
| Adams | 42 | 31 | 0 | 2 | 0 | 7 | 0 | 0 | 4 | 33 | 0 | 518 | 91 | 728 |
| Ashland | 459 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 461 |
| Barron | 384 | 11 | 0 | 2 | 7 | 16 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 424 |
| Bayfield | 257 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 262 |
| Brown | 2,630 | 113 | 0 | 0 | 0 | 5,029 | 0 | 0 | 693 | 12 | 0 | 13 | 6,896 | 15,386 |
| Buffalo | 133 | 2 | 0 | 116 | 113 | 2 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 371 |
| Burnett | 213 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 213 |
| Calumet | 586 | 6 | 0 | 0 | 2 | 329 | 0 | 0 | 1,127 | 2 | 0 | 0 | 126 | 2,178 |
| Chippewa | 445 | 14 | 0 | 10 | 17 | 9 | 0 | 0 | 0 | 13 | 0 | 0 | 0 | 508 |
| Clark | 461 | 1 | 0 | 7 | 15 | 0 | 0 | 1 | 2 | 4 | 0 | 1 | 1 | 493 |
| Columbia | 270 | 1,507 | 133 | 8 | 0 | 16 | 0 | 2 | 6 | 366 | 0 | 408 | 0 | 2,716 |
| Crawford | 72 | 78 | 0 | 51 | 91 | 1 | 0 | 0 | 0 | 12 | 0 | 19 | 0 | 324 |
| Dane | 1,151 | 8,746 | 1,884 | 4 | 15 | 458 | 0 | 91 | 19 | 5,533 | 0 | 3,556 | 5 | 21,462 |
| Dodge | 1,840 | 1,647 | 33 | 0 | 0 | 322 | 0 | 32 | 65 | 142 | 44 | 600 | 2 | 4,727 |
| Door | 551 | 7 | 0 | 0 | 0 | 225 | 0 | 2 | 5 | 4 | 4 | 0 | 422 | 1,220 |
| Douglas | 325 | 7 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 338 |
| Dunn | 252 | 2 | 0 | 3 | 20 | 8 | 0 | 0 | 0 | 9 | 0 | 0 | 0 | 294 |
| Eau Claire | 462 | 20 | 0 | 15 | 74 | 17 | 0 | 0 | 0 | 3 | 0 | 0 | 4 | 595 |
| Florence | 18 | 1 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 27 |
| Fond du Lac | 2,369 | 187 | 26 | 0 | 0 | 401 | 0 | 0 | 892 | 41 | 16 | 95 | 13 | 4,040 |
| Forest | 44 | 1 | 0 | 0 | 0 | 23 | 0 | 0 | 5 | 0 | 0 | 0 | 2 | 75 |
| Grant | 177 | 641 | 31 | 13 | 19 | 0 | 125 | 0 | 0 | 12 | 0 | 37 | 0 | 1,055 |
| Green | 144 | 1,080 | 147 | 0 | 0 | 4 | 0 | 147 | 2 | 226 | 0 | 262 | 0 | 2,012 |
| Green Lake | 349 | 95 | 0 | 4 | 2 | 30 | 0 | 0 | 412 | 7 | 1 | 4 | 6 | 910 |
| Iowa | 61 | 488 | 22 | 0 | 2 | 9 | 0 | 1 | 0 | 107 | 0 | 90 | 0 | 780 |
| Iron | 123 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 1 | 0 | 128 |
| Jackson | 268 | 19 | 0 | 58 | 374 | 13 | 0 | 1 | 4 | 0 | 0 | 0 | 0 | 737 |
| Jefferson | 669 | 1,889 | 92 | 0 | 2 | 192 | 0 | 189 | 0 | 124 | 116 | 92 | 1 | 3,366 |
| Juneau | 262 | 64 | 14 | 97 | 46 | 6 | 0 | 0 | 0 | 29 | 0 | 87 | 0 | 605 |
| Kenosha | 1,734 | 130 | 0 | 0 | 0 | 750 | 0 | 27 | 0 | 11 | 197 | 6 | 0 | 2,855 |
| Kewaunee | 432 | 7 | 0 | 0 | 0 | 298 | 0 | 0 | 43 | 0 | 0 | 0 | 742 | 1,522 |
| La Crosse | 887 | 17 | 0 | 1,327 | 1,194 | 76 | 0 | 1 | 0 | 23 | 0 | 7 | 2 | 3,534 |
| Lafayette | 96 | 344 | 46 | 0 | 0 | 3 | 0 | 2 | 0 | 54 | 0 | 80 | 0 | 625 |
| Langlade | 245 | 2 | 0 | 0 | 0 | 10 | 0 | 0 | 3 | 5 | 0 | 0 | 47 | 312 |
| Lincoln | 547 | 8 | 9 | 0 | 0 | 7 | 0 | 0 | 0 | 4 | 0 | 0 | 18 | 593 |
| Manitowoc | 4,814 | 21 | 1 | 0 | 0 | 875 | 0 | 2 | 732 | 7 | 0 | 0 | 1,400 | 7,852 |
| Marathon | 1,778 | 32 | 0 | 0 | 1 | 127 | 0 | 0 | 2 | 20 | 0 | 2 | 100 | 2,062 |

Table 3 (continued)
Wisconsin HMOs (Point-of-Service Plans) Enrollment by County
As of January 1, 2009

| | Comp-care | Dean | GHC-SC WI | Gundersen | Health Tradition | Humana | Medical Assoc. | Mercy-Care | Network Health | Physicians Plus | UHC of WI | Unity Health | WPS HP | Totals |
|---------------|---------------|---------------|--------------|--------------|------------------|---------------|----------------|--------------|----------------|-----------------|--------------|--------------|---------------|----------------|
| Marinette | 919 | 0 | 0 | 0 | 0 | 148 | 0 | 0 | 19 | 0 | 1 | 0 | 264 | 1,351 |
| Marquette | 174 | 135 | 8 | 0 | 0 | 2 | 0 | 0 | 52 | 41 | 1 | 107 | 1 | 521 |
| Menominee | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14 | 19 |
| Milwaukee | 16,600 | 237 | 91 | 0 | 6 | 5,059 | 0 | 16 | 14 | 85 | 2,931 | 17 | 3 | 25,059 |
| Monroe | 343 | 10 | 0 | 119 | 369 | 21 | 0 | 0 | 0 | 6 | 0 | 3 | 0 | 871 |
| Oconto | 576 | 10 | 0 | 0 | 0 | 433 | 0 | 0 | 72 | 4 | 0 | 0 | 754 | 1,849 |
| Oneida | 483 | 15 | 0 | 0 | 0 | 21 | 0 | 0 | 5 | 7 | 0 | 1 | 3 | 535 |
| Outagamie | 3,288 | 124 | 0 | 1 | 0 | 1,477 | 0 | 0 | 2,734 | 40 | 1 | 6 | 2,014 | 9,685 |
| Ozaukee | 3,885 | 25 | 0 | 0 | 0 | 821 | 0 | 1 | 2 | 3 | 418 | 1 | 3 | 5,159 |
| Pepin | 79 | 1 | 0 | 5 | 13 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 99 |
| Pierce | 461 | 1 | 0 | 1 | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 469 |
| Polk | 442 | 2 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 448 |
| Portage | 668 | 39 | 0 | 0 | 3 | 65 | 0 | 0 | 26 | 5 | 1 | 10 | 13 | 830 |
| Price | 144 | 5 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 152 |
| Racine | 3,796 | 108 | 0 | 0 | 0 | 1,954 | 0 | 56 | 1 | 11 | 451 | 4 | 5 | 6,386 |
| Richland | 53 | 335 | 11 | 5 | 40 | 0 | 0 | 2 | 0 | 7 | 0 | 44 | 0 | 497 |
| Rock | 585 | 1,824 | 123 | 1 | 40 | 84 | 0 | 2,974 | 2 | 318 | 0 | 303 | 0 | 6,254 |
| Rusk | 98 | 2 | 0 | 3 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 110 |
| St. Croix | 899 | 4 | 0 | 0 | 13 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 927 |
| Sauk | 106 | 1,321 | 73 | 11 | 9 | 18 | 0 | 0 | 0 | 253 | 0 | 348 | 0 | 2,139 |
| Sawyer | 279 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 285 |
| Shawano | 403 | 7 | 0 | 0 | 0 | 138 | 0 | 0 | 40 | 0 | 0 | 3 | 554 | 1,145 |
| Sheboygan | 2,973 | 13 | 0 | 0 | 0 | 528 | 0 | 3 | 28 | 11 | 39 | 2 | 105 | 3,702 |
| Taylor | 233 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 3 | 0 | 0 | 11 | 249 |
| Trempealeau | 513 | 22 | 0 | 63 | 181 | 7 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 792 |
| Vernon | 296 | 36 | 0 | 330 | 692 | 13 | 0 | 0 | 1 | 10 | 0 | 21 | 2 | 1,401 |
| Vilas | 512 | 13 | 2 | 0 | 0 | 23 | 0 | 1 | 1 | 2 | 0 | 0 | 1 | 555 |
| Walworth | 1,777 | 546 | 89 | 0 | 2 | 337 | 0 | 1,686 | 1 | 14 | 51 | 13 | 6 | 4,522 |
| Washburn | 202 | 6 | 0 | 0 | 2 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 222 |
| Washington | 4,122 | 90 | 0 | 0 | 0 | 1,312 | 0 | 4 | 9 | 48 | 362 | 11 | 7 | 5,965 |
| Waukesha | 12,480 | 344 | 153 | 0 | 0 | 3,938 | 0 | 46 | 5 | 150 | 1,505 | 35 | 3 | 18,659 |
| Waupaca | 779 | 18 | 0 | 2 | 0 | 336 | 0 | 1 | 270 | 13 | 0 | 1 | 410 | 1,830 |
| Waushara | 528 | 32 | 0 | 0 | 0 | 27 | 0 | 0 | 216 | 4 | 1 | 32 | 6 | 846 |
| Winnebago | 2,170 | 71 | 0 | 0 | 0 | 1,249 | 0 | 4 | 2,998 | 42 | 4 | 8 | 534 | 7,080 |
| Wood | 623 | 38 | 7 | 1 | 1 | 56 | 0 | 0 | 1 | 2 | 0 | 60 | 7 | 796 |
| Totals | 87,044 | 22,661 | 2,995 | 2,259 | 3,374 | 27,366 | 125 | 5,293 | 10,525 | 7,897 | 6,144 | 6,911 | 14,605 | 197,199 |

Table 4

**Total Enrollment by Company
 As of January 1, 2009**

| | Abri | Care WI | CCHP | Child- ren's | Comp- care | Dean | GHC-EC | GHC-SC WI |
|--------------------------------------|---------------|--------------|--------------|-----------------|----------------|----------------|---------------|---------------|
| HMO - Small Group | 0 | 0 | 0 | 0 | 0 | 8,336 | 500 | 11,526 |
| HMO - Large Group & Other | 16,752 | 1,096 | 2,151 | 18,168 | 47,276 | 198,277 | 44,191 | 45,991 |
| Total HMO | 16,752 | 1,096 | 2,151 | 18,168 | 47,276 | 206,613 | 44,691 | 57,517 |
| POS - Small Group | 0 | 0 | 0 | 0 | 31,586 | 1,876 | 0 | 1,131 |
| POS - Large Group & Other | 0 | 0 | 0 | 0 | 55,458 | 20,785 | 0 | 1,864 |
| Total POS | 0 | 0 | 0 | 0 | 87,044 | 22,661 | 0 | 2,995 |
| Totals | 16,752 | 1,096 | 2,151 | 18,168 | 134,320 | 229,274 | 44,691 | 60,512 |

| | Gunder- sen | Health Tradition | Humana | I-Care | Managed Health | Medica | Medical Assoc. | Mercy- Care |
|--------------------------------------|----------------|---------------------|---------------|---------------|-------------------|----------|-------------------|----------------|
| HMO - Small Group | 4,434 | 3,769 | 69 | 0 | 0 | 0 | 1,155 | 1,566 |
| HMO - Large Group & Other | 25,428 | 25,136 | 25,433 | 10,961 | 73,061 | 0 | 4,700 | 23,660 |
| Total HMO | 29,862 | 28,905 | 25,502 | 10,961 | 73,061 | 0 | 5,855 | 25,226 |
| POS - Small Group | 507 | 170 | 13,077 | 0 | 0 | 0 | 20 | 901 |
| POS - Large Group & Other | 1,752 | 3,204 | 14,289 | 0 | 0 | 0 | 105 | 4,392 |
| Total POS | 2,259 | 3,374 | 27,366 | 0 | 0 | 0 | 125 | 5,293 |
| Totals | 32,121 | 32,279 | 52,868 | 10,961 | 73,061 | 0 | 5,980 | 30,519 |

| | Network Health | PHPI | Physicians Plus | Security Health | UHC of WI | Unity Health | WPS HP | Totals |
|--------------------------------------|-------------------|--------------|--------------------|--------------------|----------------|-----------------|---------------|------------------|
| HMO - Small Group | 11,820 | 0 | 10,762 | 4,366 | 0 | 11,531 | 800 | 70,634 |
| HMO - Large Group & Other | 92,395 | 1,815 | 81,325 | 143,468 | 211,605 | 68,349 | 8,822 | 1,170,060 |
| Total HMO | 104,215 | 1,815 | 92,087 | 147,834 | 211,605 | 79,880 | 9,622 | 1,240,694 |
| POS - Small Group | 2,741 | 0 | 1,794 | 0 | 4,818 | 3,062 | 3,626 | 65,309 |
| POS - Large Group & Other | 7,784 | 0 | 6,103 | 0 | 1,326 | 3,849 | 10,979 | 131,890 |
| Total POS | 10,525 | 0 | 7,897 | 0 | 6,144 | 6,911 | 14,605 | 197,199 |
| Totals | 114,740 | 1,815 | 99,984 | 147,834 | 217,749 | 86,791 | 24,227 | 1,437,893 |

Table 4 (continued)

**Total Enrollment by Company
 As of January 1, 2009**

| | Abri | Care WI | CCHP | Child- ren's | Comp- care | Dean | GHC-EC | GHC-SC WI |
|--------------------------------------|---------------|--------------|--------------|-----------------|----------------|----------------|---------------|---------------|
| HMO - Small Group | 0 | 0 | 0 | 0 | 0 | 8,336 | 500 | 11,526 |
| POS - Small Group | 0 | 0 | 0 | 0 | 31,586 | 1,876 | 0 | 1,131 |
| Total Small Group | 0 | 0 | 0 | 0 | 31,586 | 10,212 | 500 | 12,657 |
| HMO - Large Group & Other | 16,752 | 1,096 | 2,151 | 18,168 | 47,276 | 198,277 | 44,191 | 45,991 |
| POS - Large Group & Other | 0 | 0 | 0 | 0 | 55,458 | 20,785 | 0 | 1,864 |
| Total Large Group & Other | 16,752 | 1,096 | 2,151 | 18,168 | 102,734 | 219,062 | 44,191 | 47,855 |
| Totals | 16,752 | 1,096 | 2,151 | 18,168 | 134,320 | 229,274 | 44,691 | 60,512 |

| | Gunder- sen | Health Tradition | Humana | I-Care | Managed Health | Medica | Medical Assoc. | Mercy- Care |
|--------------------------------------|----------------|---------------------|---------------|---------------|-------------------|----------|-------------------|----------------|
| HMO - Small Group | 4,434 | 3,769 | 69 | 0 | 0 | 0 | 1,155 | 1,566 |
| POS - Small Group | 507 | 170 | 13,077 | 0 | 0 | 0 | 20 | 901 |
| Total Small Group | 4,941 | 3,939 | 13,146 | 0 | 0 | 0 | 1,175 | 2,467 |
| HMO - Large Group & Other | 25,428 | 25,136 | 25,433 | 10,961 | 73,061 | 0 | 4,700 | 23,660 |
| POS - Large Group & Other | 1,752 | 3,204 | 14,289 | 0 | 0 | 0 | 105 | 4,392 |
| Total Large Group & Other | 27,180 | 28,340 | 39,722 | 10,961 | 73,061 | 0 | 4,805 | 28,052 |
| Totals | 32,121 | 32,279 | 52,868 | 10,961 | 73,061 | 0 | 5,980 | 30,519 |

| | Network Health | PHPI | Physicians Plus | Security Health | UHC of WI | Unity Health | WPS HP | Totals |
|--------------------------------------|-------------------|--------------|--------------------|--------------------|----------------|-----------------|---------------|------------------|
| HMO - Small Group | 11,820 | 0 | 10,762 | 4,366 | 0 | 11,531 | 800 | 70,634 |
| POS - Small Group | 2,741 | 0 | 1,794 | 0 | 4,818 | 3,062 | 3,626 | 65,309 |
| Total Small Group | 14,561 | 0 | 12,556 | 4,366 | 4,818 | 14,593 | 4,426 | 135,943 |
| HMO - Large Group & Other | 92,395 | 1,815 | 81,325 | 143,468 | 211,605 | 68,349 | 8,822 | 1,170,060 |
| POS - Large Group & Other | 7,784 | 0 | 6,103 | 0 | 1,326 | 3,849 | 10,979 | 131,890 |
| Total Large Group & Other | 100,179 | 1,815 | 87,428 | 143,468 | 212,931 | 72,198 | 19,801 | 1,301,950 |
| Totals | 114,740 | 1,815 | 99,984 | 147,834 | 217,749 | 86,791 | 24,227 | 1,437,893 |

Acronyms

We have tried to limit the use of acronyms and initials, but some terms are used so often, the acronyms are practical and of assistance to you. The term has been spelled when first used in the text with the acronym or initials following in parentheses. For your convenience, the following is a listing of acronyms and initials that appear in the *Consumer's Guide to Managed Care Health Plans in Wisconsin* booklet:

| | |
|-------|---|
| AHRQ | Agency for Healthcare Research and Quality |
| CAHPS | Consumer Assessment of Healthcare Providers and Systems |
| CMS | Centers for Medicare & Medicaid Services |
| DHS | Department of Health Services |
| DR&L | Department of Regulation & Licensing |
| HEDIS | Healthcare Effectiveness Data and Information Set |
| HIPAA | Health Insurance Portability and Accountability Act |
| HIRSP | Health Insurance Risk-Sharing Plan |
| HMO | Health Maintenance Organization |
| IPA | Individual Practice Association |
| IRO | Independent Review Organization |
| LSHO | Limited Service Health Organization |
| NCQA | National Committee for Quality Assurance |
| OCI | Office of the Commissioner of Insurance |
| POS | Point-of-Service Plan |
| PPP | Preferred Provider Plan |