

MONTHLY ANNUITANT GROUP HEALTH INSURANCE RATES FOR CY 2007	NON-MEDICARE RATES		MEDICARE RATES		
	SINGLE	FAMILY	MEDICARE SINGLE	MEDICARE 2**	MEDICARE 1***
STANDARD PLAN*	853.10	2129.10	NA	NA	1150.70
STATE MAINTENANCE PLAN (SMP)*	527.90	1316.10	NA	NA	822.00
MEDICARE + \$1,000,000*	NA	NA	292.80	583.10	NA*
COMPCAREBLUE NORTHWEST	641.60	1600.30	440.30	878.10	1079.40
COMPCAREBLUE SOUTHEAST	596.90	1488.60	418.00	833.50	1012.40
DEAN HEALTH PLAN	471.70	1175.60	355.40	708.30	824.60
GHC-EAU CLAIRE	555.80	1385.80	397.40	792.30	950.70
GHC-SOUTH CENTRAL WI	461.50	1150.10	350.30	698.10	809.30
GUNDERSEN LUTHERAN	581.30	1449.60	359.00	715.50	937.80
HEALTH TRADITION	579.70	1445.60	409.30	816.10	986.50
HUMANA-EASTERN	603.50	1505.10	421.30	840.10	1022.30
HUMANA-WESTERN	635.50	1585.10	437.30	872.10	1070.30
MEDICAL ASSOCIATES	457.50	1140.10	294.30	586.10	749.30
MERCYCARE HEALTH PLAN	430.90	1073.60	335.00	667.50	763.40
NETWORK HEALTH PLAN	482.00	1201.30	360.50	718.50	840.00
PHYSICIANS PLUS--MERITER & UW	465.40	1159.80	352.20	701.90	815.10
SECURITY HEALTH PLAN	563.50	1405.10	348.80	695.10	909.80
UNITEDHEALTHCARE NE	499.90	1246.10	369.50	736.50	866.90
UNITEDHEALTHCARE SE	567.60	1415.30	403.30	804.10	968.40
UNITY-COMMUNITY	572.40	1427.30	405.70	808.90	975.60
UNITY-UW HEALTH	470.30	1172.10	354.70	706.90	822.50
WPS PATIENT CHOICE PLAN 1	584.10	1456.60	411.50	820.50	993.10
WPS PATIENT CHOICE PLAN 2	639.10	1594.10	439.00	875.50	1075.60
WPS PREVEA HEALTH PLAN	530.40	1322.30	384.70	766.90	912.60

*Additional Information for Persons on Medicare: Participants with Standard Plan or SMP coverage who become enrolled in Medicare Parts A & B will automatically have coverage with the Medicare + \$1,000,000 plan. See page G-54 & G-55 for benefit information. For families with 1 or more people on Medicare Parts A & B, coverage for all other non-Medicare family members remains under the Standard Plan or SMP while coverage for the Medicare enrollee(s) is under the Medicare +\$1,000,000 Plan. Medicare Part D enrollment is not required.

**Medicare Family 2=Two or more family members enrolled in Medicare Parts A & B.

***Medicare Family 1=One family member enrolled in Medicare Parts A & B.