

MONTHLY GRADUATE ASSISTANT GROUP HEALTH INSURANCE RATES FOR CY 2007*	PLAN TIER	CONTRACT TYPE	
		SINGLE	FAMILY
PLAN NAME			
STANDARD PLAN	3	642.80	1603.20
STATE MAINTENANCE PLAN (SMP)	1	399.70	995.50
COMPCAREBLUE NORTHWEST	2	425.30	1059.60
COMPCAREBLUE SOUTHEAST	1	394.00	981.30
DEAN HEALTH PLAN	1	306.40	762.30
GHC-EAU CLAIRE	1	388.20	966.80
GHC-SOUTH CENTRAL WI	1	300.20	746.80
GUNDERSEN LUTHERAN	1	408.40	1017.30
HEALTH TRADITION	1	382.80	953.30
HUMANA-EASTERN	1	425.00	1058.80
HUMANA-WESTERN	2	449.00	1118.80
MEDICAL ASSOCIATES	1	296.50	737.60
MERCYCARE HEALTH PLAN	1	260.10	646.60
NETWORK HEALTH PLAN	1	293.30	729.60
PHYSICIANS PLUS--MERITER & UW	1	321.50	800.10
SECURITY HEALTH PLAN	1	395.00	983.80
UNITEDHEALTHCARE NE	1	347.00	863.80
UNITEDHEALTHCARE SE	1	397.40	989.80
UNITY-COMMUNITY	1	391.80	975.80
UNITY-UW HEALTH	1	317.30	789.60
WPS PATIENT CHOICE PLAN 1	1	395.20	984.30
WPS PATIENT CHOICE PLAN 2	2	434.80	1083.30
WPS PREVEA HEALTH PLAN	1	347.50	865.10
*These are the total monthly premium rates. See your benefits and payroll specialist and page A-2 for more information on employee contributions.			