2007 MONTHLY LOCAL EMPLOYEE RATES:
TRADITIONAL HMO OPTION--CLASSIC STANDARD PLAN

MONTHLY LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR 2007	NON-MEDICARE RATES *RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE*		MEDICARE RATES *RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE*		
PLAN NAME	SINGLE/NON-MEDICARE	FAMILY/NON-MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 2*	FAMILY MEDICARE - 1**
STANDARD PLAN: DANE[1]	928.20	2317.50	336.00	669.60	1264.20
STANDARD PLAN: MILWAUKEE[2]	1083.30	2705.20	336.00	669.60	1419.30
STANDARD PLAN: WAUKESHA[3]	1001.70	2501.20	336.00	669.60	1337.70
STANDARD PLAN:BALANCE OF STATE[4]	1001.70	2501.20	336.00	669.60	1337.70
STATE MAINTENANCE PLAN (SMP)	666.10	1661.90	NA	NA	NA
COMPCAREBLUE NORTHWEST	692.70	1728.00	497.30	992.10	1187.50
COMPCAREBLUE SOUTHEAST	648.00	1616.30	474.90	947.30	1120.40
DEAN HEALTH PLAN	418.60	1042.80	360.30	718.10	776.40
GHC-EAU CLAIRE	614.30	1532.00	458.10	913.70	1069.90
GHC-SOUTH CENTRAL WI	416.40	1037.30	359.20	715.90	773.10
GUNDERSEN LUTHERAN	627.90	1566.00	425.00	847.50	1050.40
HEALTH TRADITION	567.80	1415.80	434.80	867.10	1000.10
HUMANA-EASTERN	659.70	1645.50	480.80	959.10	1138.00
HUMANA-WESTERN	697.20	1739.30	499.60	996.70	1194.30
MEDICAL ASSOCIATES	445.60	1110.30	319.80	637.10	762.90
MERCYCARE HEALTH PLAN	368.50	917.50	335.20	667.90	701.20
NETWORK HEALTH PLAN	455.70	1135.50	378.80	755.10	832.00
PHYSICIANS PLUS--MERITER & UW	386.20	961.80	344.10	685.70	727.80
SECURITY HEALTH PLAN	682.00	1701.30	374.30	746.10	1053.80
UNITEDHEALTHCARE NE	488.00	1216.30	395.00	787.50	880.50
UNITEDHEALTHCARE SE	555.70	1385.50	428.80	855.10	982.00
UNITY-COMMUNITY	405.80	1010.80	353.80	705.10	757.10
UNITY-UW HEALTH	408.70	1018.00	355.30	708.10	761.50
WPS PATIENT CHOICE PLAN 1	614.10	1531.50	458.00	913.50	1069.60
WPS PATIENT CHOICE PLAN 2	669.10	1669.00	485.50	968.50	1152.10
WPS PREVEA HEALTH PLAN	518.50	1292.50	410.20	817.90	926.20

Standard Plan rates are determined by the employer county or the retiree county of residence

STANDARD PLAN AREA INCLUDES THE FOLLOWING:	[1]DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix [2]MILWAUKEE: Milwaukee county & retirees and continuants living out of state [3]WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha [4]BALANCE OF STATE: All other Wisconsin counties

N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.
* Medicare Family 2=Two or more family members enrolled in Medicare Parts A, B, & D.
**Medicare Family 1=One family member enrolled in Medicare Parts A, B, & D.

Medicare premium rates apply only to subscribers who have terminated employment.