

**IMPORTANT: The 3-Tier model and actual contributions are subject to collective bargaining and non-represented pay plans.**

October 9-27, 2006 is the Dual-Choice Enrollment period for coverage effective January 1, 2007. Dual-Choice provides an opportunity for insured subscribers (active employees, annuitants, and former employees who have continued their coverage) to change health insurance plans and/or change from single to family coverage without a waiting period for pre-existing conditions.

Premium contribution amounts for part time employees with appointments of less than 1044 hours are illustrated below, with employees working less than half-time paying 50% of the total monthly premium. These rates apply to both represented employees and to non-represented employees. These rates also include: The University of Wisconsin System; and apply to faculty and academic staff of the University of Wisconsin System as established by their respective compensation plans.

**GROUP HEALTH INSURANCE 2007 MONTHLY PREMIUM RATES FOR PART TIME EMPLOYEES: TIERED EMPLOYEE CONTRIBUTIONS**

HEALTH PLAN	TIER	SINGLE			FAMILY		
		STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
STANDARD PLAN	3	426.55	426.55	853.10	1064.55	1064.55	2129.10
STATE MAINTENANCE PLAN (SMP)	1	263.95	263.95	527.90	658.05	658.05	1316.10
COMPCAREBLUE NORTHWEST	2	320.80	320.80	641.60	800.15	800.15	1600.30
COMPCAREBLUE SOUTHEAST	1	298.45	298.45	596.90	744.30	744.30	1488.60
DEAN HEALTH PLAN	1	235.85	235.85	471.70	587.80	587.80	1175.60
GHC-EAU CLAIRE	1	277.90	277.90	555.80	692.90	692.90	1385.80
GHC-SOUTH CENTRAL WI	1	230.75	230.75	461.50	575.05	575.05	1150.10
GUNDERSEN LUTHERAN	1	290.65	290.65	581.30	724.80	724.80	1449.60
HEALTH TRADITION	1	289.85	289.85	579.70	722.80	722.80	1445.60
HUMANA-EASTERN	1	301.75	301.75	603.50	752.55	752.55	1505.10
HUMANA-WESTERN	2	317.75	317.75	635.50	792.55	792.55	1585.10
MEDICAL ASSOCIATES	1	228.75	228.75	457.50	570.05	570.05	1140.10
MERCYCARE HEALTH PLAN	1	215.45	215.45	430.90	536.80	536.80	1073.60
NETWORK HEALTH PLAN	1	241.00	241.00	482.00	600.65	600.65	1201.30
PHYSICIANS PLUS--MERITER & UW	1	232.70	232.70	465.40	579.90	579.90	1159.80
SECURITY HEALTH PLAN	1	281.75	281.75	563.50	702.55	702.55	1405.10
UNITEDHEALTHCARE NE	1	249.95	249.95	499.90	623.05	623.05	1246.10
UNITEDHEALTHCARE SE	1	283.80	283.80	567.60	707.65	707.65	1415.30
UNITY-COMMUNITY	1	286.20	286.20	572.40	713.65	713.65	1427.30
UNITY-UW HEALTH	1	235.15	235.15	470.30	586.05	586.05	1172.10
WPS PATIENT CHOICE PLAN 1	1	292.05	292.05	584.10	728.30	728.30	1456.60
WPS PATIENT CHOICE PLAN 2	2	319.55	319.55	639.10	797.05	797.05	1594.10
WPS PREVEA HEALTH PLAN	1	265.20	265.20	530.40	661.15	661.15	1322.30