2007 MONTHLY LOCAL EMPLOYEE RATES:
DEDUCTIBLE HMO OPTION--DEDUCTIBLE 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]	849.90	2121.60	321.10	640.00	1171.00
STANDARD PLAN: MILWAUKEE[2]	989.50	2470.50	321.10	640.00	1310.60
STANDARD PLAN: WAUKESHA[3]	916.00	2286.90	321.10	640.00	1237.10
STANDARD PLAN: BALANCE OF STATE[4]	916.00	2286.90	321.10	640.00	1237.10
STATE MAINTENANCE PLAN	609.10	1519.30	NA	NA	NA
COMPCAREBLUE NORTHWEST	625.10	1559.00	465.80	929.10	1088.40
COMPCAREBLUE SOUTHEAST	560.50	1397.50	431.10	859.70	989.10
DEAN HEALTH PLAN	372.30	927.00	337.10	671.70	706.90
GHC-EAU CLAIRE	559.20	1394.30	430.50	858.50	987.20
GHC-SOUTH CENTRAL WI	381.20	949.30	359.20	715.90	737.90
GUNDERSEN LUTHERAN	548.30	1367.00	394.00	785.50	939.80
HEALTH TRADITION	502.20	1251.80	402.00	801.50	901.70
HUMANA-EASTERN	600.10	1496.50	451.00	899.50	1048.60
HUMANA-WESTERN	633.90	1581.00	467.90	933.30	1099.30
MEDICAL ASSOCIATES	388.60	967.80	299.20	595.90	685.30
MERCYCARE HEALTH PLAN	338.10	841.50	320.00	637.50	655.60
NETWORK HEALTH PLAN	412.50	1027.50	357.20	711.90	767.20
PHYSICIANS PLUS--MERITER & UW	347.20	864.30	324.60	646.70	669.30
SECURITY HEALTH PLAN	620.20	1546.80	374.30	746.10	992.00
UNITEDHEALTHCARE NE	445.60	1110.30	373.80	745.10	816.90
UNITEDHEALTHCARE SE	506.50	1262.50	404.20	805.90	908.20
UNITY-COMMUNITY	371.60	925.30	336.70	670.90	705.80
UNITY-UW HEALTH	365.70	910.50	333.80	665.10	697.00
WPS PATIENT CHOICE PLAN 1	559.10	1394.00	430.50	858.50	987.10
WPS PATIENT CHOICE PLAN 2	608.60	1517.80	455.20	907.90	1061.30
WPS PREVEA HEALTH PLAN	459.40	1144.80	380.60	758.70	837.50

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.