

MONTHLY STATE GROUP HEALTH INSURANCE RATES FOR CY 2007*	PLAN TIER	CONTRACT TYPE	
		SINGLE	FAMILY
PLAN NAME			
STANDARD PLAN	3	853.10	2129.10
STATE MAINTENANCE PLAN (SMP)	1	527.90	1316.10
COMPCAREBLUE NORTHWEST	2	641.60	1600.30
COMPCAREBLUE SOUTHEAST	1	596.90	1488.60
DEAN HEALTH PLAN	1	471.70	1175.60
GHC-EAU CLAIRE	1	555.80	1385.80
GHC-SOUTH CENTRAL WI	1	461.50	1150.10
GUNDERSEN LUTHERAN	1	581.30	1449.60
HEALTH TRADITION	1	579.70	1445.60
HUMANA-EASTERN	1	603.50	1505.10
HUMANA-WESTERN	2	635.50	1585.10
MEDICAL ASSOCIATES	1	457.50	1140.10
MERCYCARE HEALTH PLAN	1	430.90	1073.60
NETWORK HEALTH PLAN	1	482.00	1201.30
PHYSICIANS PLUS--MERITER & UW	1	465.40	1159.80
SECURITY HEALTH PLAN	1	563.50	1405.10
UNITEDHEALTHCARE NE	1	499.90	1246.10
UNITEDHEALTHCARE SE	1	567.60	1415.30
UNITY-COMMUNITY	1	572.40	1427.30
UNITY-UW HEALTH	1	470.30	1172.10
WPS PATIENT CHOICE PLAN 1	1	584.10	1456.60
WPS PATIENT CHOICE PLAN 2	2	639.10	1594.10
WPS PREVEA HEALTH PLAN	1	530.40	1322.30

*These are the total monthly premium rates. See your benefits and payroll specialist and page A-2 for more information on employee contributions.