

MONTHLY ANNUITANT GROUP HEALTH INSURANCE RATES FOR CY 2008	NON-MEDICARE RATES		MEDICARE RATES		
	SINGLE	FAMILY	MEDICARE SINGLE	MEDICARE 2**	MEDICARE 1***
STANDARD PLAN*	895.70	2235.60	NA	NA	1214.80
STATE MAINTENANCE PLAN (SMP)*	554.30	1382.00	NA	NA	868.60
MEDICARE + \$1,000,000*	NA	NA	313.30	624.10	NA*
ANTHEM BCBS NORTHWEST	658.40	1642.30	448.90	895.30	1104.80
ANTHEM BCBS SOUTHEAST	618.90	1543.60	429.20	855.90	1045.60
ARISE HEALTH PLAN	577.50	1440.10	408.40	814.30	983.40
DEAN HEALTH PLAN	501.80	1250.80	370.60	738.70	869.90
GHC EAU CLAIRE	604.00	1506.30	421.70	840.90	1023.20
GHC-SCW	494.20	1231.80	366.80	731.10	858.50
GUNDERSEN LUTHERAN HEALTH PLAN	591.00	1473.80	363.20	723.90	951.70
HEALTH TRADITION	620.60	1547.80	429.40	856.30	1047.50
HUMANA EASTERN	621.20	1549.30	342.00	681.50	960.70
HUMANA WESTERN	625.10	1559.10	342.00	681.50	964.60
MEDICAL ASSOCIATES HEALTH PLAN	476.20	1186.80	301.10	599.70	774.80
MERCYCARE HEALTH PLAN	480.60	1197.80	360.00	717.50	838.10
NETWORK HEALTH PLAN	523.00	1303.80	381.20	759.90	901.70
PHYSICIANS PLUS--MERITER & UW	498.10	1241.60	368.70	734.90	864.30
SECURITY HEALTH PLAN	621.10	1549.10	379.40	756.30	998.00
UNITEDHEALTHCARE NE	543.00	1353.80	391.20	779.90	931.70
UNITEDHEALTHCARE SE	602.70	1503.10	421.10	839.70	1021.30
UNITY COMMUNITY	611.70	1525.60	425.60	848.70	1034.80
UNITY UW HEALTH	504.60	1257.80	372.00	741.50	874.10
WPS PATIENT CHOICE PLAN 1	619.90	1546.10	421.00	839.50	1038.40
WPS PATIENT CHOICE PLAN 2	650.20	1621.80	444.50	886.50	1092.20
<p>*Additional Information for Persons on Medicare: Participants with Standard Plan or SMP coverage who become enrolled in Medicare Parts A &amp; B will automatically have coverage with the Medicare + \$1,000,000 plan. See page G-54 &amp; G-55 for benefit information. For families with 1 or more people on Medicare Parts A &amp; B, coverage for all other non-Medicare family members remains under the Standard Plan or SMP while coverage for the Medicare enrollee(s) is under the Medicare +\$1,000,000 Plan. Medicare Part D enrollment is not required.</p>					
<p>**Medicare Family 2=Two or more family members enrolled in Medicare Parts A &amp; B.</p>					
<p>***Medicare Family 1=One family member enrolled in Medicare Parts A &amp; B.</p>					