

MONTHLY STATE GROUP HEALTH INSURANCE RATES FOR CY 2008*	PLAN TIER	CONTRACT TYPE	
		SINGLE	FAMILY
PLAN NAME			
STANDARD PLAN	3	895.70	2235.60
STATE MAINTENANCE PLAN (SMP)	1	554.30	1382.00
ANTHEM BCBS NORTHWEST	2	658.40	1642.30
ANTHEM BCBS SOUTHEAST	1	618.90	1543.60
ARISE HEALTH PLAN	1	577.50	1440.10
DEAN HEALTH PLAN	1	501.80	1250.80
GHC EAU CLAIRE	1	604.00	1506.30
GHC-SCW	1	494.20	1231.80
GUNDERSEN LUTHERAN HEALTH PLAN	1	591.00	1473.80
HEALTH TRADITION	1	620.60	1547.80
HUMANA EASTERN	1	621.20	1549.30
HUMANA WESTERN	1	625.10	1559.10
MEDICAL ASSOCIATES HEALTH PLAN	1	476.20	1186.80
MERCYCARE HEALTH PLAN	1	480.60	1197.80
NETWORK HEALTH PLAN	1	523.00	1303.80
PHYSICIANS PLUS--MERITER & UW	1	498.10	1241.60
SECURITY HEALTH PLAN	1	621.10	1549.10
UNITEDHEALTHCARE NE	1	543.00	1353.80
UNITEDHEALTHCARE SE	1	602.70	1503.10
UNITY COMMUNITY	1	611.70	1525.60
UNITY UW HEALTH	1	504.60	1257.80
WPS PATIENT CHOICE PLAN 1	1	619.90	1546.10
WPS PATIENT CHOICE PLAN 2	2	650.20	1621.80

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