

MONTHLY GRADUATE ASSISTANT GROUP HEALTH INSURANCE RATES FOR CY 2009*	PLAN TIER	CONTRACT TYPE	
		SINGLE	FAMILY
PLAN NAME			
STANDARD PLAN	3	742.10	1851.60
STATE MAINTENANCE PLAN (SMP)	1	461.50	1150.30
ANTHEM BCBS NORTHEAST	1	403.30	1004.50
ANTHEM BCBS NORTHWEST	2	474.90	1183.50
ANTHEM BCBS SOUTHEAST	1	434.80	1083.30
ARISE HEALTH PLAN	1	426.70	1063.00
DEAN HEALTH PLAN	1	344.00	856.30
GHC OF EAU CLAIRE	1	491.80	1225.80
GHC OF SOUTH CENTRAL WISCONSIN	1	343.00	853.80
GUNDERSEN LUTHERAN HEALTH PLAN	1	392.50	977.50
HEALTH TRADITION HEALTH PLAN	1	424.60	1057.80
HUMANA EASTERN	1	481.20	1199.30
HUMANA WESTERN	1	450.50	1122.50
MEDICAL ASSOCIATES HEALTH PLAN	1	339.00	843.80
MERCYCARE HEALTH PLAN	1	311.10	774.00
NETWORK HEALTH PLAN	1	360.70	898.00
PHYSICIANS PLUS--MERITER & UW HEALTH	1	353.00	878.80
SECURITY HEALTH PLAN	1	476.10	1186.50
UNITEDHEALTHCARE NE	1	414.90	1033.50
UNITEDHEALTHCARE SE	1	451.50	1125.00
UNITY COMMUNITY	1	428.60	1067.80
UNITY UW HEALTH	1	361.30	899.50
WPS METRO CHOICE	1	451.30	1124.50
*These are the total monthly premium rates. See your benefits and payroll specialist and page A-2 for more information on employee contributions.			