

**IMPORTANT: The 3-Tier model and actual contributions are subject to collective bargaining and non-represented pay plans.**

October 5-23, 2009 is the It's Your Choice Enrollment period for coverage effective January 1, 2010. It's Your Choice provides an opportunity for insured subscribers (active employees, annuitants, and former employees who have continued their coverage) to change health insurance plans and/or change from single to family coverage without a waiting period for pre-existing conditions.

Premium contribution amounts for part time employees with appointments of less than 1044 hours are illustrated below, with employees working less than half-time paying 50% of the total monthly premium. These rates apply to both represented employees and to non-represented employees. These rates also include: The University of Wisconsin System; and apply to faculty and academic staff of the University of Wisconsin System as established by their respective compensation plans.

**GROUP HEALTH INSURANCE 2010 MONTHLY PREMIUM RATES FOR PART TIME EMPLOYEES: TIERED EMPLOYEE CONTRIBUTIONS**

		SINGLE			FAMILY		
HEALTH PLAN	TIER	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
ANTHEM BLUE NORTHEAST	1	307.75	307.75	615.50	767.50	767.50	1535.00
ANTHEM BLUE NORTHWEST	1	299.85	299.85	599.70	747.75	747.75	1495.50
ANTHEM BLUE SOUTHEAST	1	362.25	362.25	724.50	903.75	903.75	1807.50
ARISE HEALTH PLAN	1	336.20	336.20	672.40	838.65	838.65	1677.30
DEAN HEALTH PLAN	1	287.35	287.35	574.70	716.50	716.50	1433.00
GHC OF EAU CLAIRE	1	383.35	383.35	766.70	956.50	956.50	1913.00
GHC OF SOUTH CENTRAL WISCONSIN	1	284.55	284.55	569.10	709.50	709.50	1419.00
GUNDERSEN LUTHERAN HEALTH PLAN	1	342.95	342.95	685.90	855.50	855.50	1711.00
HEALTHPARTNERS	1	344.50	344.50	689.00	859.40	859.40	1718.80
HEALTH TRADITION HEALTH PLAN	1	360.05	360.05	720.10	898.25	898.25	1796.50
HUMANA EASTERN	1	363.50	363.50	727.00	906.90	906.90	1813.80
HUMANA WESTERN	1	350.10	350.10	700.20	873.40	873.40	1746.80
MEDICAL ASSOCIATES HEALTH PLAN	1	282.25	282.25	564.50	703.75	703.75	1407.50
MERCYCARE HEALTH PLAN	1	282.05	282.05	564.10	703.25	703.25	1406.50
NETWORK HEALTH PLAN	1	322.75	322.75	645.50	805.00	805.00	1610.00

PHYSICIANS PLUS	1	287.55	287.55	575.10	717.00	717.00	1434.00
SECURITY HEALTH PLAN	1	371.50	371.50	743.00	926.90	926.90	1853.80
STANDARD PLAN	3	537.00	537.00	1074.00	1340.80	1340.80	2681.60
STATE MAINTENANCE PLAN (SMP)	1	332.30	332.30	664.60	828.85	828.85	1657.70
UNITEDHEALTHCARE NE	1	326.70	326.70	653.40	814.90	814.90	1629.80
UNITEDHEALTHCARE SE	1	336.45	336.45	672.90	839.25	839.25	1678.50
UNITY COMMUNITY	1	313.20	313.20	626.40	781.15	781.15	1562.30
UNITY UW HEALTH	1	288.05	288.05	576.10	718.25	718.25	1436.50
WPS METRO CHOICE	1	337.55	337.55	675.10	842.00	842.00	1684.00