MONTHLY STATE GROUP HEALTH INSURANCE RATES FOR CY 2010*	PLAN TIER	State of WI Employees		UW Graduate Assistants	
PLAN NAME		SINGLE	FAMILY	SINGLE	FAMILY
ANTHEM BLUE NORTHEAST	1	615.50	1535.00	400.60	997.80
ANTHEM BLUE NORTHWEST	1	599.70	1495.50	389.60	970.30
ANTHEM BLUE SOUTHEAST	1	724.50	1807.50	476.40	1187.30
ARISE HEALTH PLAN	1	672.40	1677.30	468.60	1167.80
DEAN HEALTH PLAN	1	574.70	1433.00	371.70	925.60
GHC OF EAU CLAIRE	1	766.70	1913.00	542.80	1353.30
GHC OF SOUTH CENTRAL WISCONSIN	1	569.10	1419.00	371.70	925.60
GUNDERSEN LUTHERAN HEALTH PLAN	1	685.90	1711.00	422.70	1053.10
HEALTHPARTNERS	1	689.00	1718.80	484.60	1207.80
HEALTH TRADITION HEALTH PLAN	1	720.10	1796.50	476.80	1188.30
HUMANA EASTERN	1	727.00	1813.80	509.80	1270.80
HUMANA WESTERN	1	700.20	1746.80	483.00	1203.80
MEDICAL ASSOCIATES HEALTH PLAN	1	564.50	1407.50	367.60	915.30
MERCYCARE HEALTH PLAN	1	564.10	1406.50	343.60	855.30
NETWORK HEALTH PLAN	1	645.50	1610.00	396.40	987.30
PHYSICIANS PLUS	1	575.10	1434.00	362.70	903.10
SECURITY HEALTH PLAN	1	743.00	1853.80	525.10	1309.10
STANDARD PLAN	3	1074.00	2681.60	808.60	2018.10
STATE MAINTENANCE PLAN (SMP)	1	664.60	1657.70	502.50	1252.40
UNITEDHEALTHCARE NE	1	653.40	1629.80	456.40	1137.30
UNITEDHEALTHCARE SE	1	672.90	1678.50	464.40	1157.30
UNITY COMMUNITY	1	626.40	1562.30	437.70	1090.60
UNITY UW HEALTH	1	576.10	1436.50	400.00	996.30
WPS METRO CHOICE	1	675.10	1684.00	456.40	1137.30

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