ANNUITANT GROUP HEALTH INSURANCE RATES FOR CY 2003	NON-MEDICARE RATES		MEDICARE RATES		
PLAN NAME	SINGLE NON-MEDICARE	FAMILY NON-MEDICARE	MEDICARE SINGLE	MEDICARE 2**	MEDICARE 1**
STANDARD PLAN (MEDICARE + $100,000)	795.40	1953.50	360.00	698.10	1133.70
STANDARD PLAN 2 (MEDICARE + $100,000)	500.70	1216.80	360.00	698.10	839.00
STATE MAINTENANCE PLAN	715.80	1758.10	360.00	698.10	1053.60
ATRIUM HEALTH PLAN	393.30	975.90	296.10	587.30	684.50
COMPCAREBLUE - AURORA/FAMILY	358.70	889.40	287.90	570.90	641.70
COMPCAREBLUE NORTH	425.90	1057.40	341.50	678.10	762.50
COMPCAREBLUE NORTHEAST	388.00	962.70	311.20	617.50	694.30
DEAN HEALTH PLAN	346.00	857.70	277.80	550.70	618.90
GHC-EAU CLAIRE	414.90	1029.90	332.90	660.90	742.90
GHC-SOUTH CENTRAL	334.00	827.70	268.20	531.50	597.30
GUNDERSEN LUTHERAN	408.20	1013.20	327.50	650.10	730.80
HEALTH TRADITION	417.50	1036.40	335.00	665.10	747.60
HUMANA-EASTERN	397.20	985.60	318.70	632.50	711.00
HUMANA-WESTERN	400.40	993.60	321.30	637.70	716.80
MEDICAL ASSOCIATES HMO	334.60	829.20	268.70	532.50	598.40
MERCYCARE HEALTH PLAN	320.20	793.20	257.10	509.30	572.40
NETWORK-FOX VALLEY	354.60	879.20	284.60	564.30	634.30
PHYSICIANS PLUS - SC	370.30	918.40	297.20	589.50	662.60
PREVEA HEALTH PLAN	468.80	1164.60	376.00	747.10	839.90
TOUCHPOINT HEALTH PLAN	374.90	929.90	300.90	596.90	670.90
UNITY-COMMUNITY	385.40	956.20	309.30	613.70	689.80
UNITY-UW HEALTH	346.30	858.40	278.00	551.10	619.40
VALLEY HEALTH PLAN	450.70	1119.40	361.30	717.70	807.10

* Participants will automatically have the benefits of the Medicare + $100,000 plan.

** Medicare 1 = One family member enrolled in Medicare; Medicare 2 = Two family members enrolled in Medicare