

2010 GRADUATE ASSISTANT HEALTH RATES

These rates apply to employees in Unclassified Graduate Assistants (excluding Represented Graduate Assistants at UW Madison, Extension, and UW Milwaukee) and Short-Term Academic Staff appointments. If an employee holds both a Represented and a Non-Represented Graduate Assistant Position, the position with the highest percentage will determine the rate.

	Tier	Plan Suffix Code	Ded Code	Single Premiums			Family Premiums		
				Employee Share	UW Share	Total	Employee Share	UW Share	Total
STANDARD PLAN	3	.01	4AV	89.50	719.10	808.60	224.00	1,794.10	2,018.10
STANDARD PLAN--Out of State*	2	.01	4AH	37.50	771.10	808.60	94.00	1,924.10	2,018.10
STATE MAINTENANCE PLAN (SMP)	1	.05	4AT	17.00	485.50	502.50	42.50	1,209.90	1,252.40
ANTHEM BCBS NE	1	.14	4HP	17.00	383.60	400.60	42.50	955.30	997.80
ANTHEM BCBS NW	1	.13	4DF	17.00	372.60	389.60	42.50	927.80	970.30
ANTHEM BCBS SE	1	.11	4EO	17.00	459.40	476.40	42.50	1,144.80	1,187.30
ARISE HEALTH PLAN	1	.47	4BI	17.00	451.60	468.60	42.50	1,125.30	1,167.80
DEAN HEALTH PLAN	1	.15	4CQ	17.00	354.70	371.70	42.50	883.10	925.60
GHC-EAU CLAIRE	1	.30	4DO	17.00	525.80	542.80	42.50	1,310.80	1,353.30
GHC-SOUTH CENTRAL WI	1	.35	4DC	17.00	354.70	371.70	42.50	883.10	925.60
GUNDERSEN LUTHERAN	1	.37	4BO	17.00	405.70	422.70	42.50	1,010.60	1,053.10
HEALTHPARTNERS	1	.85	4BT	17.00	467.60	484.60	42.50	1,165.30	1,207.80
HEALTH TRADITION	1	.55	4CX	17.00	459.80	476.80	42.50	1,145.80	1,188.30
HUMANA-EASTERN	1	.21	4ER	17.00	492.80	509.80	42.50	1,228.30	1,270.80
HUMANA-WESTERN	1	.22	4BX	17.00	466.00	483.00	42.50	1,161.30	1,203.80
MEDICAL ASSOCIATES	1	.63	4DR	17.00	350.60	367.60	42.50	872.80	915.30
MERCYCARE HEALTH PLAN	1	.64	4GO	17.00	326.60	343.60	42.50	812.80	855.30
NETWORK HEALTH PLAN	1	.70	4GC	17.00	379.40	396.40	42.50	944.80	987.30
PHYSICIANS PLUS	1	.74	4CN	17.00	345.70	362.70	42.50	860.60	903.10
SECURITY HEALTH PLAN	1	.71	4DU	17.00	508.10	525.10	42.50	1,266.60	1,309.10
UNITEDHEALTHCARE NE	1	.94	4DI	17.00	439.40	456.40	42.50	1,094.80	1,137.30
UNITEDHEALTHCARE SE	1	.83	4HY	17.00	447.40	464.40	42.50	1,114.80	1,157.30
UNITY-COMMUNITY	1	.40	4CK	17.00	420.70	437.70	42.50	1,048.10	1,090.60
UNITY-UW HEALTH	1	.92	4BF	17.00	383.00	400.00	42.50	953.80	996.30
WPS METRO CHOICE	1	.84	4HH	17.00	439.40	456.40	42.50	1,094.80	1,137.30

* Standard Plan Out-of-State Rates apply only to those assigned to work out-of-state, NOT those residing out-of-state.

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