2010 LESS THAN HALF-TIME HEALTH RATES

These rates apply to employees covered by the retirement system that are working less than 50% time and LTE's working in one position.

				Single Premiums				Family Premiums		
	Tier	Plan Suffix Code	Ded Code	Employee Pays	UW Pays	Total		Employee Pays	UW Pays	Total
STANDARD	3	.01	4AO	537.00	537.00	1,074.00		1,340.80	1,340.80	2,681.60
STANDARD--Out of State*	2	.01	4AG	537.00	537.00	1,074.00		1,340.80	1,340.80	2,681.60
STATE MAINTENANCE (SMP)	1	.05	4AR	332.30	332.30	664.60		828.85	828.85	1,657.70
ANTHEM BCBS NE	1	.14	4HN	307.75	307.75	615.50		767.50	767.50	1,535.00
ANTHEM BCBS NW	1	.13	4DE	299.85	299.85	599.70		747.75	747.75	1,495.50
ANTHEM BCBS SE	1	.11	4EN	362.25	362.25	724.50		903.75	903.75	1,807.50
ARISE HEALTH PLAN	1	.47	4BH	336.20	336.20	672.40		838.65	838.65	1,677.30
DEAN HEALTH	1	.15	4CP	287.35	287.35	574.70		716.50	716.50	1,433.00
GHC-EAU CLAIRE	1	.30	4DN	383.35	383.35	766.70		956.50	956.50	1,913.00
GHC-SOUTH CENTRAL WI	1	.35	4DB	284.55	284.55	569.10		709.50	709.50	1,419.00
GUNDERSEN LUTHERAN	1	.37	4BN	342.95	342.95	685.90		855.50	855.50	1,711.00
HEALTHPARTNERS	1	.85	4BS	344.50	344.50	689.00		859.40	859.40	1,718.80
HEALTH TRADITION	1	.55	4CW	360.05	360.05	720.10		898.25	898.25	1,796.50
HUMANA--EASTERN	1	.21	4EQ	363.50	363.50	727.00		906.90	906.90	1,813.80
HUMANA--WESTERN	1	.22	4BW	350.10	350.10	700.20		873.40	873.40	1,746.80
MEDICAL ASSOCIATES	1	.63	4DP	282.25	282.25	564.50		703.75	703.75	1,407.50
MERCYCARE HEALTH	1	.64	4GN	282.05	282.05	564.10		703.25	703.25	1,406.50
NETWORK HEALTH	1	.70	4GB	322.75	322.75	645.50		805.00	805.00	1,610.00
PHYSICIANS PLUS	1	.74	4CM	287.55	287.55	575.10		717.00	717.00	1,434.00
SECURITY HEALTH	1	.71	4DT	371.50	371.50	743.00		926.90	926.90	1,853.80
UNITED HEALTHCARE NE	1	.94	4DH	326.70	326.70	653.40		814.90	814.90	1,629.80
UNITED HEALTHCARE SE	1	.83	4HX	336.45	336.45	672.90		839.25	839.25	1,678.50
UNITY-COMMUNITY	1	.40	4CH	313.20	313.20	626.40		781.15	781.15	1,562.30
UNITY-UW HEALTH	1	.92	4BE	288.05	288.05	576.10		718.25	718.25	1,436.50
WPS METRO CHOICE	1	.84	4HG	337.55	337.55	675.10		842.00	842.00	1,684.00

* 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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