

**2007 STATE EMPLOYEE MONTHLY HEALTH INSURANCE PREMIUMS
REGULAR PLAN**

These premiums apply to full-time employees (at least 50% time or greater) in these appointment types: unclassified; classified represented by a bargaining unit; classified that are not represented including project employees, LTE's and craftworker LTE's.

	Tier	Plan Suffix Code	Reg Code	Early Cov Code	Single Premiums			Family Premiums		
					Employee Share	UW Share	Total	Employee Share	UW Share	Total
COMPCAREBLUE NORTHWEST	2	.13	4DE	4DD	60.00	581.60	641.60	150.00	1,450.30	1,600.30
COMPCAREBLUE SOUTHEAST	1	.11	4EN	4EM	27.00	569.90	596.90	68.00	1,420.60	1,488.60
DEAN HEALTH PLAN	1	.15	4CP	4CO	27.00	444.70	471.70	68.00	1,107.60	1,175.60
GHC-EAU CLAIRE	1	.30	4DN	4DM	27.00	528.80	555.80	68.00	1,317.80	1,385.80
GHC-SOUTH CENTRAL WI	1	.35	4DB	4DA	27.00	434.50	461.50	68.00	1,082.10	1,150.10
GUNDENSEN LUTHERAN	1	.37	4BN	4BM	27.00	554.30	581.30	68.00	1,381.60	1,449.60
HEALTH TRADITION	1	.55	4CW	4CV	27.00	552.70	579.70	68.00	1,377.60	1,445.60
HUMANA-EASTERN	1	.21	4EQ	4EP	27.00	576.50	603.50	68.00	1,437.10	1,505.10
HUMANA-WESTERN	2	.22	4BW	4BV	60.00	575.50	635.50	150.00	1,435.10	1,585.10
MEDICAL ASSOCIATES	1	.63	4DP	4DQ	27.00	430.50	457.50	68.00	1,072.10	1,140.10
MERCYCARE HEALTH PLAN	1	.64	4GN	4GM	27.00	403.90	430.90	68.00	1,005.60	1,073.60
NETWORK HEALTH PLAN	1	.70	4GB	4GA	27.00	455.00	482.00	68.00	1,133.30	1,201.30
PHYSICIANS PLUS--MERITER & UW	1	.74	4CM	4CL	27.00	438.40	465.40	68.00	1,091.80	1,159.80
SECURITY HEALTH PLAN	1	.71	4DT	4DS	27.00	536.50	563.50	68.00	1,337.10	1,405.10
UNITEDHEALTHCARE NE	1	.94	4DH	4DG	27.00	472.90	499.90	68.00	1,178.10	1,246.10
UNITEDHEALTHCARE SE	1	.83	4HX	4HW	27.00	540.60	567.60	68.00	1,347.30	1,415.30
UNITY-COMMUNITY	1	.40	4CH	4CG	27.00	545.40	572.40	68.00	1,359.30	1,427.30
UNITY-UW HEALTH	1	.92	4BE	4BD	27.00	443.30	470.30	68.00	1,104.10	1,172.10
WPS PATIENT CHOICE PLAN 1	1	.81	4HR	4HQ	27.00	557.10	584.10	68.00	1,388.60	1,456.60
WPS PATIENT CHOICE PLAN 2	2	.82	4HU	4HT	60.00	579.10	639.10	150.00	1,444.10	1,594.10
WPS PREVEA HEALTH PLAN (Changing to PREVEA/ARISE)	1	.47	4BH	4BG	27.00	503.40	530.40	68.00	1,254.30	1,322.30
STATE MAINTENANCE PLAN (SMP)	1	.05	4AR	4AA	27.00	500.90	527.90	68.00	1,248.10	1,316.10
STANDARD PLAN	3	.01	4AO	4AE	143.00	710.10	853.10	358.00	1,771.10	2,129.10
STANDARD PLAN--Out of State	2	.01	4AG	4AF	60.00	793.10	853.10	150.00	1,979.10	2,129.10