

2007 Monthly Health Insurance Premiums
These rates apply to Craftworkers

| PLAN NAME | Tier | Plan Suffix Code | Reg Code | Single | | | Family | | |
|--|------|------------------|----------|----------------|----------|--------|----------------|----------|----------|
| | | | | Employee Share | UW Share | Total | Employee Share | UW Share | Total |
| COMPCAREBLUE NORTHWEST | 2 | .13 | 4DE | 641.60 | 0.00 | 641.60 | 1,600.30 | 0.00 | 1,600.30 |
| COMPCAREBLUE SOUTHEAST | 1 | .11 | 4EN | 596.90 | 0.00 | 596.90 | 1,488.60 | 0.00 | 1,488.60 |
| DEAN HEALTH PLAN | 1 | .15 | 4CP | 471.70 | 0.00 | 471.70 | 1,175.60 | 0.00 | 1,175.60 |
| GHC-EAU CLAIRE | 1 | .30 | 4DN | 555.80 | 0.00 | 555.80 | 1,385.80 | 0.00 | 1,385.80 |
| GHC-SOUTH CENTRAL WI | 1 | .35 | 4DB | 461.50 | 0.00 | 461.50 | 1,150.10 | 0.00 | 1,150.10 |
| GUNDERSEN LUTHERAN | 1 | .37 | 4BN | 581.30 | 0.00 | 581.30 | 1,449.60 | 0.00 | 1,449.60 |
| HEALTH TRADITION | 1 | .55 | 4CW | 579.70 | 0.00 | 579.70 | 1,445.60 | 0.00 | 1,445.60 |
| HUMANA-EASTERN | 1 | .21 | 4EQ | 603.50 | 0.00 | 603.50 | 1,505.10 | 0.00 | 1,505.10 |
| HUMANA-WESTERN | 2 | .22 | 4BW | 635.50 | 0.00 | 635.50 | 1,585.10 | 0.00 | 1,585.10 |
| MEDICAL ASSOCIATES | 1 | .63 | 4DP | 457.50 | 0.00 | 457.50 | 1,140.10 | 0.00 | 1,140.10 |
| MERCYCARE HEALTH PLAN | 1 | .64 | 4GN | 430.90 | 0.00 | 430.90 | 1,073.60 | 0.00 | 1,073.60 |
| NETWORK HEALTH PLAN | 1 | .70 | 4GB | 482.00 | 0.00 | 482.00 | 1,201.30 | 0.00 | 1,201.30 |
| PHYSICIANS PLUS--MERITER & UW | 1 | .74 | 4CM | 465.40 | 0.00 | 465.40 | 1,159.80 | 0.00 | 1,159.80 |
| SECURITY HEALTH PLAN | 1 | .71 | 4DT | 563.50 | 0.00 | 563.50 | 1,405.10 | 0.00 | 1,405.10 |
| UNITEDHEALTHCARE NE | 1 | .94 | 4DH | 499.90 | 0.00 | 499.90 | 1,246.10 | 0.00 | 1,246.10 |
| UNITEDHEALTHCARE SE | 1 | .83 | 4HX | 567.60 | 0.00 | 567.60 | 1,415.30 | 0.00 | 1,415.30 |
| UNITY-COMMUNITY | 1 | .40 | 4CH | 572.40 | 0.00 | 572.40 | 1,427.30 | 0.00 | 1,427.30 |
| UNITY-UW HEALTH | 1 | .92 | 4BE | 470.30 | 0.00 | 470.30 | 1,172.10 | 0.00 | 1,172.10 |
| WPS PATIENT CHOICE PLAN 1 | 1 | .81 | 4HR | 584.10 | 0.00 | 584.10 | 1,456.60 | 0.00 | 1,456.60 |
| WPS PATIENT CHOICE PLAN 2 | 2 | .82 | 4HU | 639.10 | 0.00 | 639.10 | 1,594.10 | 0.00 | 1,594.10 |
| WPS PREVEA HEALTH PLAN (Changing to PREVEA/ARISE) | 1 | .47 | 4BH | 530.40 | 0.00 | 530.40 | 1,322.30 | 0.00 | 1,322.30 |
| STATE MAINTENANCE PLAN (SMP) | 1 | .05 | 4AR | 527.90 | 0.00 | 527.90 | 1,316.10 | 0.00 | 1,316.10 |
| STANDARD PLAN | 3 | .01 | 4AO | 853.10 | 0.00 | 853.10 | 2,129.10 | 0.00 | 2,129.10 |
| STANDARD PLAN--Out of State | 2 | .01 | 4AG | 853.10 | 0.00 | 853.10 | 2,129.10 | 0.00 | 2,129.10 |