

2009 CRAFTSWORKERS HEALTH PLAN RATES

These rates apply to:

Nonrepresented Crafts employees (Crafts Worker Supervisors, Shop Supervisors, the Crafts Operation Manager, UW-Milwaukee, and employees in project positions allocated to a crafts classification) who choose to carry health insurance. these employees are required to pay the entire monthly health insurance premium in the same manner as that provided for represented crafts employees under the terms of the applicable collective bargaining agreement. It also provides that the administrative means by which the monthly premium payments are paid will be established in a manner similar to that established for premium payment by represented crafts employees and that does not cause undue hardship on affected employees.

Use the rates from the "Regular" chart for LTE Crafts employee's.

	Tier	Plan Suffix Code	Ded Code	Single Premiums			Family Premiums		
				Employee Pays	UW Pays	Total	Employee Pays	UW Pays	Total
STANDARD	3	.01	4AO	985.30	0.00	985.30	2,459.40	0.00	2,459.40
STANDARD--Out of State*	2	.01	4AG	985.30	0.00	985.30	2,459.40	0.00	2,459.40
(SMP)	1	.05	4AR	609.70	0.00	609.70	1,520.80	0.00	1,520.80
ANTHEM BCBS NE	1	.14	4HN	609.50	0.00	609.50	1,520.10	0.00	1,520.10
ANTHEM BCBS NW	2	.13	4DE	711.80	0.00	711.80	1,775.80	0.00	1,775.80
ANTHEM BCBS SE	1	.11	4EN	654.50	0.00	654.50	1,632.60	0.00	1,632.60
ARISE HEALTH PLAN	1	.47	4BH	609.70	0.00	609.70	1,520.60	0.00	1,520.60
DEAN HEALTH	1	.15	4CP	524.80	0.00	524.80	1,308.30	0.00	1,308.30
GHC-EAU CLAIRE	1	.30	4DN	692.10	0.00	692.10	1,726.60	0.00	1,726.60
GHC-SC	1	.35	4DB	521.90	0.00	521.90	1,301.10	0.00	1,301.10
GUNDERSEN LUTHERAN	1	.37	4BN	633.80	0.00	633.80	1,580.80	0.00	1,580.80
HEALTH TRADITION	1	.55	4CW	639.60	0.00	639.60	1,595.30	0.00	1,595.30
HUMANA--EASTERN	1	.21	4EQ	681.10	0.00	681.10	1,699.10	0.00	1,699.10
HUMANA--WESTERN	1	.22	4BW	647.40	0.00	647.40	1,614.80	0.00	1,614.80
MEDICAL ASSOCIATES	1	.63	4DP	517.40	0.00	517.40	1,289.80	0.00	1,289.80
MERCYCARE HEALTH	1	.64	4GN	508.50	0.00	508.50	1,267.60	0.00	1,267.60
NETWORK HEALTH	1	.70	4GB	585.00	0.00	585.00	1,458.80	0.00	1,458.80
PHYSICIANS PLUS	1	.74	4CM	532.70	0.00	532.70	1,328.10	0.00	1,328.10
SECURITY HEALTH	1	.71	4DT	671.10	0.00	671.10	1,674.10	0.00	1,674.10
UNITED HEALTHCARE NE	1	.94	4DH	590.40	0.00	590.40	1,472.30	0.00	1,472.30
UNITED HEALTHCARE SE	1	.83	4HX	641.80	0.00	641.80	1,600.80	0.00	1,600.80
UNITY-COMMUNITY	1	.40	4CH	613.30	0.00	613.30	1,529.60	0.00	1,529.60
UNITY-UW HEALTH	1	.92	4BE	531.60	0.00	531.60	1,325.30	0.00	1,325.30
WPS METRO CHOICE	1	.84	4HG	661.80	0.00	661.80	1,650.80	0.00	1,650.80

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