

## 2010 NON-REPRESENTED CLASSIFIED AND UNCLASSIFIED HEALTH RATES

These rates apply to full-time employees covered by the retirement system that are working at least 50% time or greater in unclassified, classified non-represented, classified project, and classified LTE's (including craftworker LTE's) with more than one job.

				Single Premiums			Family Premiums		
	Tier	Plan Suffix Code	Ded Code	Employee Pays	UW Pays	Total	Employee Pays	UW Pays	Total
STANDARD	3	.01	4AO	179.00	895.00	1,074.00	448.00	2,233.60	2,681.60
STANDARD--Out of State*	2	.01	4AG	75.00	999.00	1,074.00	188.00	2,493.60	2,681.60
STATE MAINTENANCE (SMP)	1	.05	4AR	34.00	630.60	664.60	85.00	1,572.70	1,657.70
ANTHEM BCBS NE	1	.14	4HN	34.00	581.50	615.50	85.00	1,450.00	1,535.00
ANTHEM BCBS NW	1	.13	4DE	34.00	565.70	599.70	85.00	1,410.50	1,495.50
ANTHEM BCBS SE	1	.11	4EN	34.00	690.50	724.50	85.00	1,722.50	1,807.50
ARISE HEALTH PLAN	1	.47	4BH	34.00	638.40	672.40	85.00	1,592.30	1,677.30
DEAN HEALTH	1	.15	4CP	34.00	540.70	574.70	85.00	1,348.00	1,433.00
GHC-EAU CLAIRE	1	.30	4DN	34.00	732.70	766.70	85.00	1,828.00	1,913.00
GHC-SOUTH CENTRAL WI	1	.35	4DB	34.00	535.10	569.10	85.00	1,334.00	1,419.00
GUNDERSEN LUTHERAN	1	.37	4BN	34.00	651.90	685.90	85.00	1,626.00	1,711.00
HEALTHPARTNERS	1	.85	4BS	34.00	655.00	689.00	85.00	1,633.80	1,718.80
HEALTH TRADITION	1	.55	4CW	34.00	686.10	720.10	85.00	1,711.50	1,796.50
HUMANA--EASTERN	1	.21	4EQ	34.00	693.00	727.00	85.00	1,728.80	1,813.80
HUMANA--WESTERN	1	.22	4BW	34.00	666.20	700.20	85.00	1,661.80	1,746.80
MEDICAL ASSOCIATES	1	.63	4DP	34.00	530.50	564.50	85.00	1,322.50	1,407.50
MERCYCARE HEALTH	1	.64	4GN	34.00	530.10	564.10	85.00	1,321.50	1,406.50
NETWORK HEALTH	1	.70	4GB	34.00	611.50	645.50	85.00	1,525.00	1,610.00
PHYSICIANS PLUS	1	.74	4CM	34.00	541.10	575.10	85.00	1,349.00	1,434.00
SECURITY HEALTH	1	.71	4DT	34.00	709.00	743.00	85.00	1,768.80	1,853.80
UNITED HEALTHCARE NE	1	.94	4DH	34.00	619.40	653.40	85.00	1,544.80	1,629.80
UNITED HEALTHCARE SE	1	.83	4HX	34.00	638.90	672.90	85.00	1,593.50	1,678.50
UNITY-COMMUNITY	1	.40	4CH	34.00	592.40	626.40	85.00	1,477.30	1,562.30
UNITY-UW HEALTH	1	.92	4BE	34.00	542.10	576.10	85.00	1,351.50	1,436.50
WPS METRO CHOICE	1	.84	4HG	34.00	641.10	675.10	85.00	1,599.00	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.