

2010 MILWAUKEE REPRESENTED GRADUATE ASSISTANT HEALTH RATES

The UW Milwaukee Represented Graduate Assistants' Collective Bargaining Agreement has NOT yet been settled. If an employee holds both a Represented and a Non-Represented Graduate Assistant position, the position with the highest percentage will determine the rate.

	Tier	Plan Suffix Code	Ded Code	Single Premiums			Family Premiums		
				Employee Share	UW Share	Total	Employee Share	UW Share	Total
STANDARD PLAN	3	.01	4AV	82.00	726.60	808.60	206.00	1,812.10	2,018.10
STANDARD PLAN--Out of State *	2	.01	4AH	34.50	774.10	808.60	86.50	1,931.60	2,018.10
STATE MAINTENANCE PLAN (SMP)	1	.05	4AT	15.50	487.00	502.50	39.00	1,213.40	1,252.40
ANTHEM BCBS NE	1	.14	4HP	15.50	385.10	400.60	39.00	958.80	997.80
ANTHEM BCBS NW	1	.13	4DF	15.50	374.10	389.60	39.00	931.30	970.30
ANTHEM BCBS SE	1	.11	4EO	15.50	460.90	476.40	39.00	1,148.30	1,187.30
ARISE HEALTH PLAN	1	.47	4BI	15.50	453.10	468.60	39.00	1,128.80	1,167.80
DEAN HEALTH PLAN	1	.15	4CQ	15.50	356.20	371.70	39.00	886.60	925.60
GHC-EAU CLAIRE	1	.30	4DO	15.50	527.30	542.80	39.00	1,314.30	1,353.30
GHC-SOUTH CENTRAL WI	1	.35	4DC	15.50	356.20	371.70	39.00	886.60	925.60
GUNDERSEN LUTHERAN	1	.37	4BO	15.50	407.20	422.70	39.00	1,014.10	1,053.10
HEALTHPARTNERS	1	.85	4BT	15.50	469.10	484.60	39.00	1,168.80	1,207.80
HEALTH TRADITION	1	.55	4CX	15.50	461.30	476.80	39.00	1,149.30	1,188.30
HUMANA-EASTERN	1	.21	4ER	15.50	494.30	509.80	39.00	1,231.80	1,270.80
HUMANA-WESTERN	1	.22	4BX	15.50	467.50	483.00	39.00	1,164.80	1,203.80
MEDICAL ASSOCIATES	1	.63	4DR	15.50	352.10	367.60	39.00	876.30	915.30
MERCYCARE HEALTH PLAN	1	.64	4GO	15.50	328.10	343.60	39.00	816.30	855.30
NETWORK HEALTH PLAN	1	.70	4GC	15.50	380.90	396.40	39.00	948.30	987.30
PHYSICIANS PLUS	1	.74	4CN	15.50	347.20	362.70	39.00	864.10	903.10
SECURITY HEALTH PLAN	1	.71	4DU	15.50	509.60	525.10	39.00	1,270.10	1,309.10
UNITEDHEALTHCARE NE	1	.94	4DI	15.50	440.90	456.40	39.00	1,098.30	1,137.30
UNITEDHEALTHCARE SE	1	.83	4HY	15.50	448.90	464.40	39.00	1,118.30	1,157.30
UNITY-COMMUNITY	1	.40	4CK	15.50	422.20	437.70	39.00	1,051.60	1,090.60
UNITY-UW HEALTH	1	.92	4BF	15.50	384.50	400.00	39.00	957.30	996.30
WPS METRO CHOICE	1	.84	4HH	15.50	440.90	456.40	39.00	1,098.30	1,137.30

* 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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