

IMPORTANT: The 3-Tier model and actual contributions are subject to collective bargaining and non-represented pay plans.

October 10-28, 2005 is the Dual-Choice Enrollment period for coverage effective January 1, 2006. Dual-Choice provides an opportunity for insured subscribers (active employees, annuitants, and former employees who have continued their coverage) to change health insurance plans and/or change from single to family coverage without a waiting period for pre-existing conditions.

Premium contribution amounts for part time employees with appointments of less than 1044 hours are illustrated below, with employees working less than half-time paying 50% of the total monthly premium. These rates apply to represented employees in bargaining units with settled contracts for the 2003-2005 biennium (as of September 2005), and to non-represented employees. These rates also include: The University of Wisconsin System; and apply to faculty and academic staff of the University of Wisconsin System as established by their respective compensation plans.

GROUP HEALTH INSURANCE 2006 MONTHLY PREMIUM RATES FOR PART TIME EMPLOYEES: TIERED EMPLOYEE CONTRIBUTIONS

HEALTH PLAN	TIER	SINGLE			FAMILY		
		STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	TOTAL PREMIUM
STANDARD PLAN	3	404.25	404.25	808.50	1008.85	1008.85	2017.70
STATE MAINTENANCE PLAN (SMP)	2	255.65	255.65	511.30	637.50	637.50	1275.00
COMPCAREBLUE AURORA FAMILY	1	247.80	247.80	495.60	617.80	617.80	1235.60
COMPCAREBLUE NORTHWEST	2	280.55	280.55	561.10	699.70	699.70	1399.40
COMPCAREBLUE SOUTHEAST	2	293.20	293.20	586.40	731.30	731.30	1462.60
DEAN HEALTH PLAN	1	218.80	218.80	437.60	545.30	545.30	1090.60
GHC-EAU CLAIRE	1	262.50	262.50	525.00	654.55	654.55	1309.10
GHC-SOUTH CENTRAL	1	215.10	215.10	430.20	536.05	536.05	1072.10
GUNDERSEN LUTHERAN	1	266.20	266.20	532.40	663.80	663.80	1327.60
HEALTH TRADITION	1	267.60	267.60	535.20	667.30	667.30	1334.60
HUMANA-EASTERN	1	285.80	285.80	571.60	712.80	712.80	1425.60
HUMANA-WESTERN	2	285.75	285.75	571.50	712.70	712.70	1425.40
MEDICAL ASSOCIATES HMO	1	221.70	221.70	443.40	552.55	552.55	1105.10
MERCYCARE HEALTH PLAN	1	201.40	201.40	402.80	501.80	501.80	1003.60
NETWORK HEALTH PLAN	1	232.70	232.70	465.40	580.05	580.05	1160.10
PHYSICIANS PLUS--MERITER & UW	1	219.65	219.65	439.30	547.45	547.45	1094.90
UNITEDHEALTHCARE NE	1	224.30	224.30	448.60	559.05	559.05	1118.10
UNITEDHEALTHCARE SE	1	265.60	265.60	531.20	662.30	662.30	1324.60
UNITY-COMMUNITY	1	273.20	273.20	546.40	681.30	681.30	1362.60
UNITY-UW HEALTH	1	217.65	217.65	435.30	542.45	542.45	1084.90
WPS PATIENT CHOICE 1	1	277.50	277.50	555.00	692.05	692.05	1384.10
WPS PATIENT CHOICE 2	2	300.75	300.75	601.50	750.20	750.20	1500.40
WPS PREVEA HEALTH PLAN	1	256.30	256.30	512.60	639.05	639.05	1278.10