MONTHLY STATE GROUP HEALTH INSURANCE RATES FOR CY 2006*	PLAN TIER	CONTRACT TYPE	
PLAN NAME		SINGLE	FAMILY
STANDARD PLAN	3	808.50	2017.70
STATE MAINTENANCE PLAN (SMP)	1	511.30	1275.00
COMPCAREBLUE AURORA FAMILY	1	495.60	1235.60
COMPCAREBLUE NORTHWEST	2	561.10	1399.40
COMPCAREBLUE SOUTHEAST	2	586.40	1462.60
DEAN HEALTH PLAN	1	437.60	1090.60
GHC-EAU CLAIRE	1	525.00	1309.10
GHC-SOUTH CENTRAL	1	430.20	1072.10
GUNDERSEN LUTHERAN	1	532.40	1327.60
HEALTH TRADITION	1	535.20	1334.60
HUMANA-EASTERN	1	571.60	1425.60
HUMANA-WESTERN	2	571.50	1425.40
MEDICAL ASSOCIATES HMO	1	443.40	1105.10
MERCYCARE HEALTH PLAN	1	402.80	1003.60
NETWORK HEALTH PLAN	1	465.40	1160.10
PHYSICIANS PLUS--MERITER & UW	1	439.30	1094.90
UNITEDHEALTHCARE NE	1	448.60	1118.10
UNITEDHEALTHCARE SE	1	531.20	1324.60
UNITY-COMMUNITY	1	546.40	1362.60
UNITY-UW HEALTH	1	435.30	1084.90
WPS PATIENT CHOICE 1	1	555.00	1384.10
WPS PATIENT CHOICE 2	2	601.50	1500.40
WPS PREVEA HEALTH PLAN	1	512.60	1278.10

*These are the total monthly premium rates. See your benefits and payroll specialist and page A-2 for more information on employee contributions.