

**2007 STATE EMPLOYEE MONTHLY HEALTH INSURANCE PREMIUMS REGULAR PLAN
Less Than Half-Time Employees & LTE's**

These premiums apply to employees working less than 50% time and LTE's working in one position.

Plan Name	Tier	Plan Suffix Code	Reg Code	Early Cov Code	Single Premiums			Family Premiums		
					Employee Share	UW Share	Total	Employee Share	UW Share	Total
COMPCAREBLUE NORTHWEST	2	.13	4DE	4DD	320.80	320.80	641.60	800.15	800.15	1,600.30
COMPCAREBLUE SOUTHEAST	1	.11	4EN	4EM	298.45	298.45	596.90	744.30	744.30	1,488.60
DEAN HEALTH PLAN	1	.15	4CP	4CO	235.85	235.85	471.70	587.80	587.80	1,175.60
GHC-EAU CLAIRE	1	.30	4DN	4DM	277.90	277.90	555.80	692.90	692.90	1,385.80
GHC-SOUTH CENTRAL WI	1	.35	4DB	4DA	230.75	230.75	461.50	575.05	575.05	1,150.10
GUNDERSEN LUTHERAN	1	.37	4BN	4BM	290.65	290.65	581.30	724.80	724.80	1,449.60
HEALTH TRADITION	1	.55	4CW	4CV	289.85	289.85	579.70	722.80	722.80	1,445.60
HUMANA-EASTERN	1	.21	4EQ	4EP	301.75	301.75	603.50	752.55	752.55	1,505.10
HUMANA-WESTERN	2	.22	4BW	4BV	317.75	317.75	635.50	792.55	792.55	1,585.10
MEDICAL ASSOCIATES	1	.63	4DP	4DQ	228.75	228.75	457.50	570.05	570.05	1,140.10
MERCYCARE HEALTH PLAN	1	.64	4GN	4GM	215.45	215.45	430.90	536.80	536.80	1,073.60
NETWORK HEALTH PLAN	1	.70	4GB	4GA	241.00	241.00	482.00	600.65	600.65	1,201.30
PHYSICIANS PLUS--MERITER & UW	1	.74	4CM	4CL	232.70	232.70	465.40	579.90	579.90	1,159.80
SECURITY HEALTH PLAN	1	.71	4DT	4DS	281.75	281.75	563.50	702.55	702.55	1,405.10
UNITEDHEALTHCARE NE	1	.94	4DH	4DG	249.95	249.95	499.90	623.05	623.05	1,246.10
UNITEDHEALTHCARE SE	1	.83	4HX	4HW	283.80	283.80	567.60	707.65	707.65	1,415.30
UNITY-COMMUNITY	1	.40	4CH	4CG	286.20	286.20	572.40	713.65	713.65	1,427.30
UNITY-UW HEALTH	1	.92	4BE	4BD	235.15	235.15	470.30	586.05	586.05	1,172.10
WPS PATIENT CHOICE PLAN 1	1	.81	4HR	4HQ	292.05	292.05	584.10	728.30	728.30	1,456.60
WPS PATIENT CHOICE PLAN 2	2	.82	4HU	4HT	319.55	319.55	639.10	797.05	797.05	1,594.10
WPS PREVEA HEALTH PLAN (Changing to PREVEA/ARISE)	1	.47	4BH	4BG	265.20	265.20	530.40	661.15	661.15	1,322.30
STATE MAINTENANCE PLAN (SMP)	1	.05	4AR	4AA	263.95	263.95	527.90	658.05	658.05	1,316.10
STANDARD PLAN	3	.01	4AO	4AE	426.55	426.55	853.10	1,064.55	1,064.55	2,129.10
STANDARD PLAN--Out of State	2	.01	4AG	4AF	426.55	426.55	853.10	1,064.55	1,064.55	2,129.10