

The chart below shows the total premium and the amount you will pay if eligible for COBRA Premium Assistance. If not eligible for the ARRA Premium Reduction, you will pay the total premium amount.

	2011 Grad Assist Health Insurance COBRA Rates Monthly Premiums for 2011 Coverage			
PLAN	Single Total	35% of Premium	Family Total	35% of Premium
Standard Plan	864.00	302.40	2,156.50	754.78
Standard Plan--Out of State	864.00	302.40	2,156.50	754.78
State Maintenance Plan (SMP)	536.90	187.92	1,338.40	468.44
Anthem BCBS NE	428.70	150.05	1,067.90	373.77
Anthem BCBS NW	437.00	152.95	1,088.60	381.01
Anthem BCBS SE	507.60	177.66	1,265.10	442.79
Arise Health Plan	512.60	179.41	1,277.60	447.16
Dean Health Plan	387.40	135.59	964.60	337.61
GHC - Eau Claire	553.90	193.87	1,380.90	483.32
GHC - South Central	399.30	139.76	994.40	348.04
Gundersen Lutheran	473.00	165.55	1,178.60	412.51
HealthPartners	511.60	179.06	1,275.10	446.29
Health Tradition	519.60	181.86	1,295.10	453.29
Humana Eastern	551.50	193.03	1,374.90	481.22
Humana Western	551.50	193.03	1,374.90	481.22
Medical Associates	396.60	138.81	987.60	345.66
MercyCare Health Plan	368.60	129.01	917.60	321.16
Network Health Plan	429.70	150.40	1,070.40	374.64
Physicians Plus	375.40	131.39	934.60	327.11
Security Health Plan	554.00	193.90	1,381.10	483.39
UnitedHealthCare NE	494.60	173.11	1,232.60	431.41
UnitedHealthCare SE	507.70	177.70	1,265.40	442.89
Unity Community	463.90	162.37	1,155.90	404.57
Unity UW-Health	412.70	144.45	1,027.90	359.77
WEA Trust PPP	551.00	192.85	1,373.60	480.76
WPS Metro Choice	503.50	176.23	1,254.90	439.22

The charts below show the total premium and the amount you will pay if eligible for COBRA Premium Assistance. If not eligible for the ARRA Premium Reduction, you will pay the total premium amount.

2011 EPIC Benefits+ Group #3180						
Monthly Premiums for Coverage in 2011						
	Employee	35% of Premium Total	Employee +1	35% of Premium Total	Family	35% of Premium Total
Without Vision	\$16.70	\$5.85	\$33.40	\$11.69	\$50.10	\$17.54
With Vision	\$20.70	\$7.25	\$40.47	\$14.16	\$60.49	\$21.17

2011 VSP Vision Plan							
Monthly Premiums for Coverage in 2011							
Employee	35% of Premium Total	Employee + Spouse or Domestic Partner	35% of Premium Total	Employee + Children	35% of Premium Total	Employee + Family	35% of Premium Total
\$5.24	\$1.83	\$10.49	\$3.67	\$11.23	\$3.93	\$17.93	\$6.28

2011 Anthem DentalBlue							
Monthly Premiums for Coverage in 2011							
	Plan	Employee	35% of Premium Total	Employee + 1	35% of Premium Total	Employee + 2 or more	35% of Premium Total
Region 1: (Kenosha, Milwaukee, Ozaukee, Racine, Washington & Waukesha Counties)	HMO	\$23.27	\$8.14	\$46.55	\$16.29	\$74.47	\$26.06
Region 2: (All other WI Counties)	HMO	\$28.78	\$10.07	\$57.56	\$20.15	\$92.10	\$32.24
Regions 1 & 2	PPO	\$23.51	\$8.23	\$47.01	\$16.45	\$77.56	\$27.15
Regions 1 & 2	Supplemental	\$16.59	\$5.81	\$33.19	\$11.62	\$49.80	\$17.43

2011 Dental Wisconsin								
Monthly Premiums for Coverage in 2011								
	Employee	35% of Premium Total	Employee + Spouse or Domestic Partner	35% of Premium Total	Employee + Children	35% of Premium Total	Employee + Family	35% of Premium Total
Select Plan	\$16.99	\$5.95	\$34.93	\$12.23	\$40.30	\$14.11	\$59.28	\$20.75
PPO Plan	\$25.54	\$8.94	\$54.08	\$18.93	\$60.47	\$21.16	\$91.41	\$31.99