

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.

PLAN	2010 Grad Assist Health Insurance COBRA Rates Monthly Premiums for 2010 Coverage				2009 Grad Assist Health Insurance COBRA Rates Monthly Premiums for 2009 Coverage			
	Single Total	35% of Premium	Family Total	35% of Premium	Single Total	35% of Premium	Family Total	35% of Premium
Standard Plan	808.60	283.01	2,018.10	706.34	742.10	259.74	1,851.60	648.06
Standard Plan--Out of State	808.60	283.01	2,018.10	706.34	742.10	259.74	1,851.60	648.06
State Maintenance Plan (SMP)	502.50	175.88	1,252.40	438.34	461.50	161.53	1,150.30	402.61
Anthem BCBS NE	400.60	140.21	997.80	349.23	403.30	141.16	1,004.50	351.58
Anthem BCBS NW	389.60	136.36	970.30	339.61	474.90	166.22	1,183.50	414.23
Anthem BCBS SE	476.40	166.74	1,187.30	415.56	434.80	152.18	1,083.30	379.16
Arise Health Plan	468.60	164.01	1,167.80	408.73	426.70	149.35	1,063.00	372.05
Dean Health Plan	371.70	130.10	925.60	323.96	344.00	120.40	856.30	299.71
GHC - Eau Claire	542.80	189.98	1,353.30	473.66	491.80	172.13	1,225.80	429.03
GHC - South Central	371.70	130.10	925.60	323.96	343.00	120.05	853.80	298.83
Gundersen Lutheran	422.70	147.95	1,053.10	368.59	392.50	137.38	977.50	342.13
HealthPartners	484.60	169.61	1,207.80	422.73	NA	NA	NA	NA
Health Tradition	476.80	166.88	1,188.30	415.91	424.60	148.61	1,057.80	370.23
Humana Eastern	509.80	178.43	1,270.80	444.78	481.20	168.42	1,199.30	419.76
Humana Western	483.00	169.05	1,203.80	421.33	450.50	157.68	1,122.50	392.88
Medical Associates	367.60	128.66	915.30	320.36	339.00	118.65	843.80	295.33
MercyCare Health Plan	343.60	120.26	855.30	299.36	311.10	108.89	774.00	270.90
Network Health Plan	396.40	138.74	987.30	345.56	360.70	126.25	898.00	314.30
Physicians Plus	362.70	126.95	903.10	316.09	353.00	123.55	878.80	307.58
Security Health Plan	525.10	183.79	1,309.10	458.19	476.10	166.64	1,186.50	415.28
UnitedHealthCare NE	456.40	159.74	1,137.30	398.06	414.90	145.22	1,033.50	361.73
UnitedHealthCare SE	464.40	162.54	1,157.30	405.06	451.50	158.03	1,125.00	393.75
Unity Community	437.70	153.20	1,090.60	381.71	428.60	150.01	1,067.80	373.73
Unity UW-Health	400.00	140.00	996.30	348.71	361.30	126.46	899.50	314.83
WPS Metro Choice	456.40	159.74	1,137.30	398.06	451.30	157.96	1,124.50	393.58

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.

2009 & 2010 EPIC Dental and Excess Medical Insurance Group #3180					
Monthly Premiums for Coverage in 2009 & 2010					
Employee	35% of Premium Total	Employee +1	35% of Premium Total	Family	35% of Premium Total
\$16.70	\$5.85	\$33.40	\$11.69	\$50.10	\$17.54

2009 Optum Health Vision Plan*							
Monthly Premiums for Coverage in 2009 Only							
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
\$5.83	\$2.04	\$11.34	\$3.97	\$11.88	\$4.16	\$17.82	\$6.24

2010 VSP Vision Plan*							
Monthly Premiums for Coverage Effective 1/1/2010							
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

* If you continue your 2009 OptumHealth Vision coverage through COBRA, you have the option to change to VSP Vision Insurance effective January 1, 2010.

For information about VSP, go to: <http://www.vsp.com/go/stateofwiemployees>

2009 & 2010 Anthem DentalBlue							
Monthly Premiums for Coverage in 2009 & 2010							
	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