

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

October 11-29, 2004 is the Dual-Choice Enrollment period for coverage effective January 1, 2005. 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. These rates apply to represented employees in bargaining units with settled contracts for the 2003-2005 biennium (as of September 2004). These rates also apply to non-represented employees including the University of Wisconsin System, and to the faculty and academic staff of the University of Wisconsin System, as established by their respective compensation plans. For represented employees without settled contracts, the employee contributions should only be referenced as a guide and are subject to collective bargaining.

GROUP HEALTH INSURANCE 2005 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	381.30	381.30	762.60	931.20	931.20	1862.40
STATE MAINTENANCE PLAN	1	240.85	240.85	481.70	582.65	582.65	1165.30
ATRIUM HEALTH PLAN	1	226.10	226.10	452.20	563.50	563.50	1127.00
COMPCAREBLUE - AURORA/FAMILY	1	189.60	189.60	379.20	472.25	472.25	944.50
COMPCAREBLUE NORTHEAST	2	242.95	242.95	485.90	605.65	605.65	1211.30
COMPCAREBLUE NORTHWEST	1	242.35	242.35	484.70	604.15	604.15	1208.30
COMPCAREBLUE SOUTHEAST	1	237.25	237.25	474.50	591.40	591.40	1182.80
DEAN HEALTH PLAN	1	203.35	203.35	406.70	506.65	506.65	1013.30
GHC-EAU CLAIRE	1	253.75	253.75	507.50	632.65	632.65	1265.30
GHC-SOUTH CENTRAL	1	195.50	195.50	391.00	487.05	487.05	974.10
GUNDERSEN LUTHERAN	1	236.60	236.60	473.20	589.80	589.80	1179.60
HEALTH TRADITION	1	248.15	248.15	496.30	618.65	618.65	1237.30
HUMANA-EASTERN	2	265.30	265.30	530.60	661.55	661.55	1323.10
HUMANA-WESTERN	1	249.10	249.10	498.20	621.05	621.05	1242.10
MEDICAL ASSOCIATES HMO	1	212.20	212.20	424.40	528.75	528.75	1057.50
MERCYCARE HEALTH PLAN	1	186.15	186.15	372.30	463.65	463.65	927.30
NETWORK-FOX VALLEY	1	219.65	219.65	439.30	547.40	547.40	1094.80
PHYSICIANS PLUS	1	205.50	205.50	411.00	512.05	512.05	1024.10
PREVEA HEALTH PLAN	1	235.75	235.75	471.50	587.65	587.65	1175.30
UNITEDHEALTHCARE (formerly Touchpoint)	1	206.00	206.00	412.00	513.25	513.25	1026.50
UNITY-COMMUNITY	1	240.65	240.65	481.30	599.90	599.90	1199.80
UNITY-UW HEALTH	1	195.55	195.55	391.10	487.15	487.15	974.30

