

2018 Renewal Last Updated:
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Plan
Dean Health Insurance
Dean Health Insurance - Prevea 360
GHC of Eau Claire
GHC of South Central Wisconsin
HealthPartners Health Plan
Medical Associates Health Plans
MercyCare Health Plans
Network Health
Quartz - Community
Quartz - UW Health
Security Health Plan - Central
Security Health Plan - Valley
WEA Trust - East
WEA Trust - Northwest Chippewa Valley
WEA Trust - Northwest Mayo Clinic Health System
IYC Access Plan (+IYC Medicare Plus) - STATE
State Maintenance Plan (SMP) - STATE

State +Dental

	P01	P01
	Total Premium	
	Single	Family
15	\$672.54	\$1,655.56
17	\$736.08	\$1,814.42
30	\$806.88	\$1,991.44
35	\$657.44	\$1,617.82
85	\$763.78	\$1,883.72
63	\$660.42	\$1,625.26
64	\$677.80	\$1,668.76
70	\$797.84	\$1,968.82
97	\$794.46	\$1,960.38
96	\$687.32	\$1,692.58
71	\$856.02	\$2,114.28
77	\$853.24	\$2,107.32
86	\$812.64	\$2,005.84
87	\$836.86	\$2,066.42
90	\$836.86	\$2,066.42
03	\$1,398.54	\$3,493.06
06	\$866.68	\$2,163.30

NO Dental

	P01	P01
	Total Premium	
	Single	Family
15	\$643.50	\$1,582.96
17	\$707.04	\$1,741.82
30	\$777.84	\$1,918.84
35	\$628.40	\$1,545.22
85	\$734.74	\$1,811.12
63	\$631.38	\$1,552.66
64	\$648.76	\$1,596.16
70	\$768.80	\$1,896.22
97	\$765.42	\$1,887.78
96	\$658.28	\$1,619.98
71	\$826.98	\$2,041.68
77	\$824.20	\$2,034.72
86	\$783.60	\$1,933.24
87	\$807.82	\$1,993.82
90	\$807.82	\$1,993.82
03	\$1,369.50	\$3,420.46
06	\$837.64	\$2,090.70

State Medicare +Dental

	P01	P01	P01
	Total Premium		
	Single	Family 2	Family 1
15	\$449.04	\$895.48	\$1,104.42
17	\$502.06	\$1,001.52	\$1,220.98
30	\$500.18	\$997.74	\$1,289.90
35	\$469.80	\$936.98	\$1,110.08
85	\$415.30	\$827.96	\$1,161.92
63	\$377.26	\$751.90	\$1,020.52
64	\$429.58	\$856.56	\$1,090.22
70	\$472.38	\$942.14	\$1,253.06
97	\$480.12	\$957.64	\$1,257.42
96	\$436.24	\$869.86	\$1,106.40
71	\$466.12	\$929.64	\$1,304.98
77	\$466.12	\$929.64	\$1,302.20
86	\$447.86	\$893.10	\$1,243.32
87	\$456.30	\$909.98	\$1,276.00
90	\$456.30	\$909.98	\$1,276.00
03	\$395.14	\$800.46	\$1,776.52
06	\$395.14	\$800.46	\$1,244.66

NO Dental

	P01	P01	P01
	Total Premium		
	Single	Family 2	Family 1
15	\$420.00	\$822.88	\$1,046.34
17	\$473.02	\$928.92	\$1,162.90
30	\$471.14	\$925.14	\$1,231.82
35	\$440.76	\$864.38	\$1,052.00
85	\$386.26	\$755.36	\$1,103.84
63	\$348.22	\$679.30	\$962.44
64	\$400.54	\$783.96	\$1,032.14
70	\$443.34	\$869.54	\$1,194.98
97	\$451.08	\$885.04	\$1,199.34
96	\$407.20	\$797.26	\$1,048.32
71	\$437.08	\$857.04	\$1,246.90
77	\$437.08	\$857.04	\$1,244.12
86	\$418.82	\$820.50	\$1,185.24
87	\$427.26	\$837.38	\$1,217.92
90	\$427.26	\$837.38	\$1,217.92
03	\$366.10	\$727.86	\$1,718.44
06	\$366.10	\$727.86	\$1,186.58

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State Maintenance Plan (SMP) - STATE

Grad Assistant +Dental

	P01	P01
	Total Premium	
	Single	Family
15	\$453.68	\$1,108.48
17	\$522.38	\$1,280.26
30	\$580.46	\$1,425.42
35	\$468.48	\$1,145.42
85	\$548.20	\$1,344.80
63	\$437.40	\$1,067.78
64	\$430.94	\$1,051.58
70	\$573.82	\$1,408.84
97	\$571.24	\$1,402.38
96	\$490.92	\$1,201.52
71	\$617.40	\$1,517.76
77	\$615.32	\$1,512.60
86	\$518.52	\$1,270.52
87	\$534.30	\$1,310.04
90	\$534.30	\$1,310.04
03	\$1,065.50	\$2,660.00
06	\$662.10	\$1,651.86

NO Dental

	P01	P01
	Total Premium	
	Single	Family
15	\$424.64	\$1,035.88
17	\$493.34	\$1,207.66
30	\$551.42	\$1,352.82
35	\$439.44	\$1,072.82
85	\$519.16	\$1,272.20
63	\$408.36	\$995.18
64	\$401.90	\$978.98
70	\$544.78	\$1,336.24
97	\$542.20	\$1,329.78
96	\$461.88	\$1,128.92
71	\$588.36	\$1,445.16
77	\$586.28	\$1,440.00
86	\$489.48	\$1,197.92
87	\$505.26	\$1,237.44
90	\$505.26	\$1,237.44
03	\$1,036.46	\$2,587.40
06	\$633.06	\$1,579.26

State HDHP +Dental

	P01	P01	P01
	Total Premium		
	Single	Family	Med Fam 1
HC	\$584.84	\$1,436.36	\$1,016.72
HD	\$639.44	\$1,572.88	\$1,124.34
HG	\$700.42	\$1,725.30	\$1,183.44
HH	\$571.84	\$1,403.80	\$1,024.48
HS	\$663.28	\$1,632.46	\$1,061.42
HN	\$574.42	\$1,410.24	\$934.52
HO	\$589.40	\$1,447.78	\$1,001.82
HP	\$692.56	\$1,705.64	\$1,147.78
JD	\$689.68	\$1,698.48	\$1,152.64
JC	\$597.54	\$1,468.14	\$1,016.62
HQ	\$742.60	\$1,830.74	\$1,191.56
JB	\$740.22	\$1,824.78	\$1,189.18
HT	\$705.38	\$1,737.70	\$1,136.08
HU	\$726.12	\$1,789.54	\$1,165.26
HW	\$726.12	\$1,789.54	\$1,165.26
JE	\$1,183.64	\$2,955.80	\$1,561.62
JF	\$736.18	\$1,837.10	\$1,114.16

NO Dental

	P01	P01	P01
	Total Premium		
	Single	Family	Med Fam 1
WC	\$555.80	\$1,363.76	\$958.64
WD	\$610.40	\$1,500.28	\$1,066.26
WG	\$671.38	\$1,652.70	\$1,125.36
WH	\$542.80	\$1,331.20	\$966.40
WS	\$634.24	\$1,559.86	\$1,003.34
WN	\$545.38	\$1,337.64	\$876.44
WO	\$560.36	\$1,375.18	\$943.74
WP	\$663.52	\$1,633.04	\$1,089.70
XD	\$660.64	\$1,625.88	\$1,094.56
XC	\$568.50	\$1,395.54	\$958.54
WQ	\$713.56	\$1,758.14	\$1,133.48
XB	\$711.18	\$1,752.18	\$1,131.10
WT	\$676.34	\$1,665.10	\$1,078.00
WU	\$697.08	\$1,716.94	\$1,107.18
WW	\$697.08	\$1,716.94	\$1,107.18
XE	\$1,154.60	\$2,883.20	\$1,503.54
XF	\$707.14	\$1,764.50	\$1,056.08

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State Maintenance Plan (SMP) - WPE	

WPE Traditional +Dental		
P02	P02	
Total Premium		
Single	Family	
15	\$805.14	\$1,987.12
17	\$808.84	\$1,996.32
30	\$1,008.74	\$2,496.12
35	\$721.34	\$1,777.62
85	\$947.14	\$2,342.12
63	\$653.74	\$1,608.62
64	\$772.84	\$1,906.32
70	\$820.94	\$2,026.62
97	\$739.44	\$1,822.82
96	\$663.84	\$1,633.82
71	\$1,133.74	\$2,808.62
77	\$1,129.94	\$2,799.12
86	\$939.44	\$2,322.82
87	\$1,173.44	\$2,907.82
90	\$1,173.44	\$2,907.82
A8	\$1,436.94	\$3,566.60
A9	\$971.26	\$2,402.38

NO Dental		
P12	P12	
Total Premium		
Single	Family	
15	\$776.10	\$1,914.52
17	\$779.80	\$1,923.72
30	\$979.70	\$2,423.52
35	\$692.30	\$1,705.02
85	\$918.10	\$2,269.52
63	\$624.70	\$1,536.02
64	\$743.80	\$1,833.72
70	\$791.90	\$1,954.02
97	\$710.40	\$1,750.22
96	\$634.80	\$1,561.22
71	\$1,104.70	\$2,736.02
77	\$1,100.90	\$2,726.52
86	\$910.40	\$2,250.22
87	\$1,144.40	\$2,835.22
90	\$1,144.40	\$2,835.22
A8	\$1,407.90	\$3,494.00
A9	\$942.22	\$2,329.78

WPE Traditional Medicare +Dental			
P02	P02	P02	
Total Premium			
Single	Family 2	Family 1	
15	\$587.90	\$1,173.16	\$1,375.88
17	\$589.70	\$1,176.76	\$1,381.38
30	\$594.50	\$1,186.36	\$1,586.08
35	\$553.80	\$1,104.96	\$1,257.98
85	\$513.60	\$1,024.56	\$1,443.58
63	\$451.00	\$899.36	\$1,087.58
64	\$532.90	\$1,063.16	\$1,288.58
70	\$603.60	\$1,204.56	\$1,407.38
97	\$509.90	\$1,017.16	\$1,232.18
96	\$478.90	\$955.16	\$1,125.58
71	\$521.00	\$1,039.36	\$1,637.58
77	\$521.00	\$1,039.36	\$1,633.78
86	\$544.60	\$1,086.56	\$1,466.88
87	\$636.70	\$1,270.76	\$1,792.98
90	\$636.70	\$1,270.76	\$1,792.98
A8	\$462.22	\$921.78	\$1,882.00
A9	\$462.22	\$921.78	\$1,416.32

NO Dental			
P12	P12	P12	
Total Premium			
Single	Family 2	Family 1	
15	\$558.86	\$1,100.56	\$1,317.80
17	\$560.66	\$1,104.16	\$1,323.30
30	\$565.46	\$1,113.76	\$1,528.00
35	\$524.76	\$1,032.36	\$1,199.90
85	\$484.56	\$951.96	\$1,385.50
63	\$421.96	\$826.76	\$1,029.50
64	\$503.86	\$990.56	\$1,230.50
70	\$574.56	\$1,131.96	\$1,349.30
97	\$480.86	\$944.56	\$1,174.10
96	\$449.86	\$882.56	\$1,067.50
71	\$491.96	\$966.76	\$1,579.50
77	\$491.96	\$966.76	\$1,575.70
86	\$515.56	\$1,013.96	\$1,408.80
87	\$607.66	\$1,198.16	\$1,734.90
90	\$607.66	\$1,198.16	\$1,734.90
A8	\$433.18	\$849.18	\$1,823.92
A9	\$433.18	\$849.18	\$1,358.24

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IYC Access Plan (+IYC Medicare Plus) - WPE	
State Maintenance Plan (SMP) - WPE	

WPE Deductible +Dental		
P04	P04	
Total Premium		
Single	Family	
15	\$752.74	\$1,856.12
17	\$756.14	\$1,864.62
30	\$940.04	\$2,324.32
35	\$675.64	\$1,663.32
85	\$883.44	\$2,182.82
63	\$613.44	\$1,507.82
64	\$723.04	\$1,781.82
70	\$767.34	\$1,892.62
97	\$692.34	\$1,705.12
96	\$622.74	\$1,531.12
71	\$1,055.04	\$2,611.82
77	\$1,051.54	\$2,603.12
86	\$876.34	\$2,165.12
87	\$1,091.64	\$2,703.32
90	\$1,091.64	\$2,703.32
A8	\$1,340.86	\$3,326.40
A9	\$909.62	\$2,248.26

NO Dental		
P14	P14	
Total Premium		
Single	Family	
15	\$723.70	\$1,783.52
17	\$727.10	\$1,792.02
30	\$911.00	\$2,251.72
35	\$646.60	\$1,590.72
85	\$854.40	\$2,110.22
63	\$584.40	\$1,435.22
64	\$694.00	\$1,709.22
70	\$738.30	\$1,820.02
97	\$663.30	\$1,632.52
96	\$593.70	\$1,458.52
71	\$1,026.00	\$2,539.22
77	\$1,022.50	\$2,530.52
86	\$847.30	\$2,092.52
87	\$1,062.60	\$2,630.72
90	\$1,062.60	\$2,630.72
A8	\$1,311.82	\$3,253.80
A9	\$880.58	\$2,175.66

WPE Deductible Medicare +Dental			
P04	P04	P04	
Total Premium			
Single	Family 2	Family 1	
15	\$562.30	\$1,121.96	\$1,297.88
17	\$564.00	\$1,125.36	\$1,302.98
30	\$568.50	\$1,134.36	\$1,491.38
35	\$531.00	\$1,059.36	\$1,189.48
85	\$598.10	\$1,193.56	\$1,464.38
63	\$420.10	\$837.56	\$1,016.38
64	\$531.80	\$1,060.96	\$1,237.68
70	\$576.80	\$1,150.96	\$1,326.98
97	\$490.60	\$978.56	\$1,165.78
96	\$462.00	\$921.36	\$1,067.58
71	\$508.30	\$1,013.96	\$1,546.18
77	\$508.40	\$1,014.16	\$1,542.78
86	\$522.40	\$1,042.16	\$1,381.58
87	\$607.20	\$1,211.76	\$1,681.68
90	\$607.20	\$1,211.76	\$1,681.68
A8	\$462.22	\$921.78	\$1,785.92
A9	\$462.22	\$921.78	\$1,354.68

NO Dental			
P14	P14	P14	
Total Premium			
Single	Family 2	Family 1	
15	\$533.26	\$1,049.36	\$1,239.80
17	\$534.96	\$1,052.76	\$1,244.90
30	\$539.46	\$1,061.76	\$1,433.30
35	\$501.96	\$986.76	\$1,131.40
85	\$569.06	\$1,120.96	\$1,406.30
63	\$391.06	\$764.96	\$958.30
64	\$502.76	\$988.36	\$1,179.60
70	\$547.76	\$1,078.36	\$1,268.90
97	\$461.56	\$905.96	\$1,107.70
96	\$432.96	\$848.76	\$1,009.50
71	\$479.26	\$941.36	\$1,488.10
77	\$479.36	\$941.56	\$1,484.70
86	\$493.36	\$969.56	\$1,323.50
87	\$578.16	\$1,139.16	\$1,623.60
90	\$578.16	\$1,139.16	\$1,623.60
A8	\$433.18	\$849.18	\$1,727.84
A9	\$433.18	\$849.18	\$1,296.60

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State Maintenance Plan (SMP) - WPE

WPE IYC Health Plan +Dental

	P06	P06
	Total Premium	
	Single	Family
15	\$765.84	\$1,888.82
17	\$769.34	\$1,897.62
30	\$957.24	\$2,367.32
35	\$687.04	\$1,691.82
85	\$899.34	\$2,222.62
63	\$623.54	\$1,533.12
64	\$735.54	\$1,813.12
70	\$780.74	\$1,926.12
97	\$704.14	\$1,734.62
96	\$633.04	\$1,556.82
71	\$1,074.74	\$2,661.12
77	\$1,071.14	\$2,652.12
86	\$892.14	\$2,204.62
87	\$1,112.04	\$2,754.32
90	\$1,112.04	\$2,754.32
A8	\$1,364.88	\$3,386.44
A9	\$925.02	\$2,286.80

NO Dental

	P16	P16
	Total Premium	
	Single	Family
15	\$736.80	\$1,816.22
17	\$740.30	\$1,825.02
30	\$928.20	\$2,294.72
35	\$658.00	\$1,619.22
85	\$870.30	\$2,150.02
63	\$594.50	\$1,460.52
64	\$706.50	\$1,740.52
70	\$751.70	\$1,853.52
97	\$675.10	\$1,662.02
96	\$604.00	\$1,484.22
71	\$1,045.70	\$2,588.52
77	\$1,042.10	\$2,579.52
86	\$863.10	\$2,132.02
87	\$1,083.00	\$2,681.72
90	\$1,083.00	\$2,681.72
N8	\$1,335.84	\$3,313.84
N9	\$895.98	\$2,214.20

WPE IYC Local Health Plan Medicare +Dental

	P06	P06	P06
	Total Premium		
	Single	Family 2	Family 1
15	\$587.90	\$1,173.16	\$1,336.58
17	\$589.70	\$1,176.76	\$1,341.88
30	\$594.50	\$1,186.36	\$1,534.58
35	\$553.80	\$1,104.96	\$1,223.68
85	\$513.60	\$1,024.56	\$1,395.78
63	\$451.00	\$899.36	\$1,057.38
64	\$532.90	\$1,063.16	\$1,251.28
70	\$603.60	\$1,204.56	\$1,367.18
97	\$509.90	\$1,017.16	\$1,196.88
96	\$478.90	\$955.16	\$1,094.78
71	\$521.00	\$1,039.36	\$1,578.58
77	\$521.00	\$1,039.36	\$1,574.98
86	\$544.60	\$1,086.56	\$1,419.58
87	\$636.70	\$1,270.76	\$1,731.58
90	\$636.70	\$1,270.76	\$1,731.58
A8	\$462.22	\$921.78	\$1,809.94
A9	\$462.22	\$921.78	\$1,370.08

NO Dental

	P16	P16	P16
	Total Premium		
	Single	Family 2	Family 1
15	\$558.86	\$1,100.56	\$1,278.50
17	\$560.66	\$1,104.16	\$1,283.80
30	\$565.46	\$1,113.76	\$1,476.50
35	\$524.76	\$1,032.36	\$1,165.60
85	\$484.56	\$951.96	\$1,337.70
63	\$421.96	\$826.76	\$999.30
64	\$503.86	\$990.56	\$1,193.20
70	\$574.56	\$1,131.96	\$1,309.10
97	\$480.86	\$944.56	\$1,138.80
96	\$449.86	\$882.56	\$1,036.70
71	\$491.96	\$966.76	\$1,520.50
77	\$491.96	\$966.76	\$1,516.90
86	\$515.56	\$1,013.96	\$1,361.50
87	\$607.66	\$1,198.16	\$1,673.50
90	\$607.66	\$1,198.16	\$1,673.50
N8	\$433.18	\$849.18	\$1,751.86
N9	\$433.18	\$849.18	\$1,312.00

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WPE HDHP +Dental

	P07	P07
	Total Premium	
	Single	Family
HC	\$660.94	\$1,626.62
HD	\$663.94	\$1,634.12
HG	\$825.84	\$2,038.82
HH	\$593.04	\$1,456.82
HS	\$775.94	\$1,914.12
HN	\$538.34	\$1,320.12
HO	\$634.74	\$1,561.12
HP	\$673.74	\$1,658.62
JD	\$607.74	\$1,493.62
JC	\$546.54	\$1,340.62
HQ	\$927.14	\$2,292.12
JB	\$924.04	\$2,284.32
HT	\$769.74	\$1,898.62
HU	\$959.24	\$2,372.32
HW	\$959.24	\$2,372.32
H8	\$1,178.38	\$2,920.24
H9	\$800.12	\$1,974.58

NO Dental

	P17	P17
	Total Premium	
	Single	Family
WC	\$631.90	\$1,554.02
WD	\$634.90	\$1,561.52
WG	\$796.80	\$1,966.22
WH	\$564.00	\$1,384.22
WS	\$746.90	\$1,841.52
WN	\$509.30	\$1,247.52
WO	\$605.70	\$1,488.52
WP	\$644.70	\$1,586.02
XD	\$578.70	\$1,421.02
XC	\$517.50	\$1,268.02
WQ	\$898.10	\$2,219.52
XB	\$895.00	\$2,211.72
WT	\$740.70	\$1,826.02
WU	\$930.20	\$2,299.72
WW	\$930.20	\$2,299.72
W8	\$1,149.34	\$2,847.64
W9	\$771.08	\$1,901.98

WPE HDHP Medicare +Dental

	P07	P07	P07
	Total Premium		
	Single	Family 2	Family 1
HC	\$587.90	\$1,173.16	\$1,231.68
HD	\$589.70	\$1,176.76	\$1,236.48
HG	\$594.50	\$1,186.36	\$1,403.18
HH	\$553.80	\$1,104.96	\$1,129.68
HS	\$513.60	\$1,024.56	\$1,272.38
HN	\$451.00	\$899.36	\$972.18
HO	\$532.90	\$1,063.16	\$1,150.48
HP	\$603.60	\$1,204.56	\$1,260.18
JD	\$509.90	\$1,017.16	\$1,100.48
JC	\$478.90	\$955.16	\$1,008.28
HQ	\$521.00	\$1,039.36	\$1,430.98
JB	\$521.00	\$1,039.36	\$1,427.88
HT	\$544.60	\$1,086.56	\$1,297.18
HU	\$636.70	\$1,270.76	\$1,578.78
HW	\$636.70	\$1,270.76	\$1,578.78
H8	\$462.22	\$921.78	\$1,623.44
H9	\$462.22	\$921.78	\$1,245.18

NO Dental

	P17	P17	P17
	Total Premium		
	Single	Family 2	Family 1
WC	\$558.86	\$1,100.56	\$1,173.60
WD	\$560.66	\$1,104.16	\$1,178.40
WG	\$565.46	\$1,113.76	\$1,345.10
WH	\$524.76	\$1,032.36	\$1,071.60
WS	\$484.56	\$951.96	\$1,214.30
WN	\$421.96	\$826.76	\$914.10
WO	\$503.86	\$990.56	\$1,092.40
WP	\$574.56	\$1,131.96	\$1,202.10
XD	\$480.86	\$944.56	\$1,042.40
XC	\$449.86	\$882.56	\$950.20
WQ	\$491.96	\$966.76	\$1,372.90
XB	\$491.96	\$966.76	\$1,369.80
WT	\$515.56	\$1,013.96	\$1,239.10
WU	\$607.66	\$1,198.16	\$1,520.70
WW	\$607.66	\$1,198.16	\$1,520.70
W8	\$433.18	\$849.18	\$1,565.36
W9	\$433.18	\$849.18	\$1,187.10