2013 Premiums - Wisconsin Public Employers

3 = Tier 3 Plan * = Plan Not Qualified in County

LCQP

Full Pay HMO - Standard PPO - P02

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
ADAMS							
	DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
3	SECURITY HEALTH PLAN	555.14	559.96	1115.10	1382.85	1400.15	2783.00
	WEA TRUST EAST	555.14	246.46	801.60	1382.85	616.35	1999.20
	PHYSICIANS PLUS	555.14	48.96	604.10	1382.85	122.65	1505.50
3	STANDARD PLAN - BALANCE OF STATE	555.14	569.76	1124.90	1382.85	1424.05	2806.90
ASHLAND							
3	ANTHEM BCBS NORTHWEST	882.21	242.09	1124.30	2200.49	605.51	2806.00
	GHC EAU CLAIRE	882.21	168.29	1050.50	2200.49	421.01	2621.50
3	SECURITY HEALTH PLAN	882.21	232.89	1115.10	2200.49	582.51	2783.00
	WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
*	HEALTHPARTNERS	838.50	0.00	838.50	2091.50	0.00	2091.50
3	STANDARD PLAN - BALANCE OF STATE	882.21	242.69	1124.90	2200.49	606.41	2806.90
BARRON							
	HUMANA WESTERN	882.21	214.49	1096.70	2200.49	536.51	2737.00
3	SECURITY HEALTH PLAN	882.21	232.89	1115.10	2200.49	582.51	2783.00
	WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
	WPS METRO CHOICE NW	882.21	182.69	1064.90	2200.49	457.01	2657.50
*	GUNDERSEN LUTHERAN HEALTH PLAN	759.80	0.00	759.80	1894.70	0.00	1894.70
3	STANDARD PLAN - BALANCE OF STATE	882.21	242.69	1124.90	2200.49	606.41	2806.90
BAYFIELD							
*	ANTHEM BCBS NORTHWEST	785.51	338.79	1124.30	1959.09	846.91	2806.00
*	GHC EAU CLAIRE	785.51	264.99	1050.50	1959.09	662.41	2621.50
*	SECURITY HEALTH PLAN	785.51	329.59	1115.10	1959.09	823.91	2783.00
*	HEALTHPARTNERS	785.51	52.99	838.50	1959.09	132.41	2091.50
*	WEA TRUST NORTHWEST	785.51	54.69	840.20	1959.09	136.61	2095.70
3	STANDARD PLAN - BALANCE OF STATE	785.51	339.39	1124.90	1959.09	847.81	2806.90
	STATE MAINTENANCE PLAN	748.10	0.00	748.10	1865.80	0.00	1865.80
BROWN							
3	ANTHEM BCBS NORTHEAST	778.58	192.12	970.70	1941.45	480.55	2422.00
3	HUMANA EASTERN	778.58	318.12	1096.70	1941.45	795.55	2737.00
	ARISE HEALTH PLAN	778.58	165.62	944.20	1941.45	414.25	2355.70
	NETWORK HEALTH PLAN	741.50	0.00	741.50	1849.00	0.00	1849.00
	WEA TRUST EAST	778.58	23.02	801.60	1941.45	57.75	1999.20
	UNITEDHEALTHCARE NE	778.58	19.02	797.60	1941.45	47.75	1989.20
3	STANDARD PLAN - BALANCE OF STATE	778.58	346.32	1124.90	1941.45	865.45	2806.90
BUFFALO							
*	HEALTH TRADITION	732.40	0.00	732.40	1826.20	0.00	1826.20
*	WEA TRUST NORTHWEST	785.51	54.69	840.20	1959.09	136.61	2095.70
3	STANDARD PLAN - BALANCE OF STATE	785.51	339.39	1124.90	1959.09	847.81	2806.90
	STATE MAINTENANCE PLAN	748.10	0.00	748.10	1865.80	0.00	1865.80

2013 Premiums - Wisconsin Public Employers

3 = Tier 3 Plan * = Plan Not Qualified in County

LCQP

Full Pay HMO - Standard PPO - P02

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
BURNETT							
	GHC EAU CLAIRE	880.43	170.07	1050.50	2196.08	425.42	2621.50
	HEALTHPARTNERS	838.50	0.00	838.50	2091.50	0.00	2091.50
	WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
	WPS METRO CHOICE NW	880.43	184.47	1064.90	2196.08	461.42	2657.50
*	ANTHEM BCBS NORTHWEST	880.43	243.87	1124.30	2196.08	609.92	2806.00
3	STANDARD PLAN - BALANCE OF STATE	880.43	244.47	1124.90	2196.08	610.82	2806.90
CALUMET							
3	ANTHEM BCBS NORTHEAST	778.58	192.12	970.70	1941.45	480.55	2422.00
3	HUMANA EASTERN	778.58	318.12	1096.70	1941.45	795.55	2737.00
	NETWORK HEALTH PLAN	741.50	0.00	741.50	1849.00	0.00	1849.00
	UNITEDHEALTHCARE NE	778.58	19.02	797.60	1941.45	47.75	1989.20
*	ARISE HEALTH PLAN	778.58	165.62	944.20	1941.45	414.25	2355.70
*	WEA TRUST EAST	778.58	23.02	801.60	1941.45	57.75	1999.20
3	STANDARD PLAN - BALANCE OF STATE	778.58	346.32	1124.90	1941.45	865.45	2806.90
CHIPPEWA							
	HUMANA WESTERN	797.79	298.91	1096.70	1989.44	747.56	2737.00
	GUNDERSEN LUTHERAN HEALTH PLAN	759.80	0.00	759.80	1894.70	0.00	1894.70
3	SECURITY HEALTH PLAN	797.79	317.31	1115.10	1989.44	793.56	2783.00
	WEA TRUST NORTHWEST	797.79	42.41	840.20	1989.44	106.26	2095.70
	WPS METRO CHOICE NW	797.79	267.11	1064.90	1989.44	668.06	2657.50
3	STANDARD PLAN - BALANCE OF STATE	797.79	327.11	1124.90	1989.44	817.46	2806.90
CLARK							
	GUNDERSEN LUTHERAN HEALTH PLAN	759.80	0.00	759.80	1894.70	0.00	1894.70
3	SECURITY HEALTH PLAN	797.79	317.31	1115.10	1989.44	793.56	2783.00
	WEA TRUST NORTHWEST	797.79	42.41	840.20	1989.44	106.26	2095.70
*	ARISE HEALTH PLAN	797.79	146.41	944.20	1989.44	366.26	2355.70
3	STANDARD PLAN - BALANCE OF STATE	797.79	327.11	1124.90	1989.44	817.46	2806.90
COLUMBIA							
	DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	PHYSICIANS PLUS	555.14	48.96	604.10	1382.85	122.65	1505.50
	WEA TRUST EAST	555.14	246.46	801.60	1382.85	616.35	1999.20
3	STANDARD PLAN - BALANCE OF STATE	555.14	569.76	1124.90	1382.85	1424.05	2806.90
CRAWFORD							
	GUNDERSEN LUTHERAN HEALTH PLAN	759.80	0.00	759.80	1894.70	0.00	1894.70
	HEALTH TRADITION	732.40	0.00	732.40	1826.20	0.00	1826.20
*	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
*	MEDICAL ASSOCIATES HEALTH PLAN	741.90	0.00	741.90	1850.00	0.00	1850.00
3	STANDARD PLAN - BALANCE OF STATE	769.02	355.88	1124.90	1917.51	889.39	2806.90

2013 Premiums - Wisconsin Public Employers

3 = Tier 3 Plan * = Plan Not Qualified in County

LCQP

Full Pay HMO - Standard PPO - P02

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
DANE							
	DEAN HEALTH PLAN	529.31	114.79	644.10	1318.28	287.22	1605.50
	GHC-SOUTHCENTRAL WI	529.31	44.49	573.80	1318.28	111.42	1429.70
	PHYSICIANS PLUS	529.31	74.79	604.10	1318.28	187.22	1505.50
	UNITY UW	504.10	0.00	504.10	1255.50	0.00	1255.50
3	STANDARD PLAN - DANE	529.31	513.09	1042.40	1318.28	1282.62	2600.90
DODGE							
3	ANTHEM BCBS SOUTHEAST	555.14	517.16	1072.30	1382.85	1293.15	2676.00
	DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
3	HUMANA EASTERN	555.14	541.56	1096.70	1382.85	1354.15	2737.00
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	NETWORK HEALTH PLAN	555.14	186.36	741.50	1382.85	466.15	1849.00
	UNITEDHEALTHCARE SE	555.14	282.86	838.00	1382.85	707.35	2090.20
3	WPS METRO CHOICE SE	555.14	686.56	1241.70	1382.85	1716.65	3099.50
	WEA TRUST EAST	555.14	246.46	801.60	1382.85	616.35	1999.20
*	ARISE HEALTH PLAN	555.14	389.06	944.20	1382.85	972.85	2355.70
3	STANDARD PLAN - BALANCE OF STATE	555.14	569.76	1124.90	1382.85	1424.05	2806.90
DOOR							
3	ANTHEM BCBS NORTHEAST	778.58	192.12	970.70	1941.45	480.55	2422.00
3	HUMANA EASTERN	778.58	318.12	1096.70	1941.45	795.55	2737.00
	ARISE HEALTH PLAN	778.58	165.62	944.20	1941.45	414.25	2355.70
	NETWORK HEALTH PLAN	741.50	0.00	741.50	1849.00	0.00	1849.00
	UNITEDHEALTHCARE NE	778.58	19.02	797.60	1941.45	47.75	1989.20
	WEA TRUST EAST	778.58	23.02	801.60	1941.45	57.75	1999.20
3	STANDARD PLAN - BALANCE OF STATE	778.58	346.32	1124.90	1941.45	865.45	2806.90
DOUGLAS							
3	ANTHEM BCBS NORTHWEST	880.43	243.87	1124.30	2196.08	609.92	2806.00
	HUMANA WESTERN	880.43	216.27	1096.70	2196.08	540.92	2737.00
	GHC EAU CLAIRE	880.43	170.07	1050.50	2196.08	425.42	2621.50
3	SECURITY HEALTH PLAN	880.43	234.67	1115.10	2196.08	586.92	2783.00
	HEALTHPARTNERS	838.50	0.00	838.50	2091.50	0.00	2091.50
	WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
3	STANDARD PLAN - BALANCE OF STATE	880.43	244.47	1124.90	2196.08	610.82	2806.90
DUNN							
	HUMANA WESTERN	882.21	214.49	1096.70	2200.49	536.51	2737.00
	WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
	WPS METRO CHOICE NW	882.21	182.69	1064.90	2200.49	457.01	2657.50
3	STANDARD PLAN - BALANCE OF STATE	882.21	242.69	1124.90	2200.49	606.41	2806.90
EAU CLAIRE							
3	ANTHEM BCBS NORTHWEST	797.79	326.51	1124.30	1989.44	816.56	2806.00
	HUMANA WESTERN	797.79	298.91	1096.70	1989.44	747.56	2737.00
	GUNDERSEN LUTHERAN HEALTH PLAN	759.80	0.00	759.80	1894.70	0.00	1894.70
3	SECURITY HEALTH PLAN	797.79	317.31	1115.10	1989.44	793.56	2783.00
	WEA TRUST NORTHWEST	797.79	42.41	840.20	1989.44	106.26	2095.70
	WPS METRO CHOICE NW	797.79	267.11	1064.90	1989.44	668.06	2657.50
3	STANDARD PLAN - BALANCE OF STATE	797.79	327.11	1124.90	1989.44	817.46	2806.90

2013 Premiums - Wisconsin Public Employers

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LCQP

Full Pay HMO - Standard PPO - P02

105% of the Low Cost Qualified Plan (LCQP)

	Individual Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
FLORENCE						
* ARISE HEALTH PLAN	785.51	158.69	944.20	1959.09	396.61	2355.70
* WEA TRUST EAST	785.51	16.09	801.60	1959.09	40.11	1999.20
3 STANDARD PLAN - BALANCE OF STATE	785.51	339.39	1124.90	1959.09	847.81	2806.90
STATE MAINTENANCE PLAN	748.10	0.00	748.10	1865.80	0.00	1865.80
FOND DU LAC						
3 ANTHEM BCBS NORTHEAST	555.14	415.56	970.70	1382.85	1039.15	2422.00
DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
3 HUMANA EASTERN	555.14	541.56	1096.70	1382.85	1354.15	2737.00
UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
ARISE HEALTH PLAN	555.14	389.06	944.20	1382.85	972.85	2355.70
NETWORK HEALTH PLAN	555.14	186.36	741.50	1382.85	466.15	1849.00
WEA TRUST EAST	555.14	246.46	801.60	1382.85	616.35	1999.20
UNITEDHEALTHCARE NE	555.14	242.46	797.60	1382.85	606.35	1989.20
3 STANDARD PLAN - BALANCE OF STATE	555.14	569.76	1124.90	1382.85	1424.05	2806.90
FOREST						
* ARISE HEALTH PLAN	785.51	158.69	944.20	1959.09	396.61	2355.70
* SECURITY HEALTH PLAN	785.51	329.59	1115.10	1959.09	823.91	2783.00
3 STANDARD PLAN - BALANCE OF STATE	785.51	339.39	1124.90	1959.09	847.81	2806.90
STATE MAINTENANCE PLAN	748.10	0.00	748.10	1865.80	0.00	1865.80
GRANT						
DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
GUNDERSEN LUTHERAN HEALTH PLAN	555.14	204.66	759.80	1382.85	511.85	1894.70
UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
HEALTH TRADITION	555.14	177.26	732.40	1382.85	443.35	1826.20
MEDICAL ASSOCIATES HEALTH PLAN	555.14	186.76	741.90	1382.85	467.15	1850.00
PHYSICIANS PLUS	555.14	48.96	604.10	1382.85	122.65	1505.50
3 STANDARD PLAN - DANE	555.14	487.26	1042.40	1382.85	1218.05	2600.90
GREEN						
DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
3 HUMANA EASTERN	555.14	541.56	1096.70	1382.85	1354.15	2737.00
UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
* MERCYCARE HEALTH PLAN	554.40	0.00	554.40	1381.20	0.00	1381.20
3 STANDARD PLAN - BALANCE OF STATE	555.14	569.76	1124.90	1382.85	1424.05	2806.90
GREEN LAKE						
3 ANTHEM BCBS NORTHEAST	778.58	192.12	970.70	1941.45	480.55	2422.00
3 HUMANA EASTERN	778.58	318.12	1096.70	1941.45	795.55	2737.00
NETWORK HEALTH PLAN	741.50	0.00	741.50	1849.00	0.00	1849.00
WEA TRUST EAST	778.58	23.02	801.60	1941.45	57.75	1999.20
UNITEDHEALTHCARE NE	778.58	19.02	797.60	1941.45	47.75	1989.20
* DEAN HEALTH PLAN	644.10	0.00	644.10	1605.50	0.00	1605.50
* ARISE HEALTH PLAN	778.58	165.62	944.20	1941.45	414.25	2355.70
* PHYSICIANS PLUS	604.10	0.00	604.10	1505.50	0.00	1505.50
3 STANDARD PLAN - BALANCE OF STATE	778.58	346.32	1124.90	1941.45	865.45	2806.90

2013 Premiums - Wisconsin Public Employers

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LCQP

Full Pay HMO - Standard PPO - P02

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
IOWA							
	DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	MEDICAL ASSOCIATES HEALTH PLAN	555.14	186.76	741.90	1382.85	467.15	1850.00
	PHYSICIANS PLUS	555.14	48.96	604.10	1382.85	122.65	1505.50
3	STANDARD PLAN - BALANCE OF STATE	555.14	569.76	1124.90	1382.85	1424.05	2806.90
IRON							
*	SECURITY HEALTH PLAN	785.51	329.59	1115.10	1959.09	823.91	2783.00
3	STANDARD PLAN - BALANCE OF STATE	785.51	339.39	1124.90	1959.09	847.81	2806.90
	STATE MAINTENANCE PLAN	748.10	0.00	748.10	1865.80	0.00	1865.80
JACKSON							
	GUNDERSEN LUTHERAN HEALTH PLAN	759.80	0.00	759.80	1894.70	0.00	1894.70
	HEALTH TRADITION	732.40	0.00	732.40	1826.20	0.00	1826.20
3	SECURITY HEALTH PLAN	769.02	346.08	1115.10	1917.51	865.49	2783.00
	WEA TRUST NORTHWEST	769.02	71.18	840.20	1917.51	178.19	2095.70
3	STANDARD PLAN - BALANCE OF STATE	769.02	355.88	1124.90	1917.51	889.39	2806.90
JEFFERSON							
3	ANTHEM BCBS SOUTHEAST	555.14	517.16	1072.30	1382.85	1293.15	2676.00
	DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
3	HUMANA EASTERN	555.14	541.56	1096.70	1382.85	1354.15	2737.00
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	MERCYCARE HEALTH PLAN	554.40	0.00	554.40	1381.20	0.00	1381.20
	UNITEDHEALTHCARE SE	555.14	282.86	838.00	1382.85	707.35	2090.20
3	WPS METRO CHOICE SE	555.14	686.56	1241.70	1382.85	1716.65	3099.50
	WEA TRUST EAST	555.14	246.46	801.60	1382.85	616.35	1999.20
*	PHYSICIANS PLUS	555.14	48.96	604.10	1382.85	122.65	1505.50
3	STANDARD PLAN - DANE	555.14	487.26	1042.40	1382.85	1218.05	2600.90
JUNEAU							
	GUNDERSEN LUTHERAN HEALTH PLAN	555.14	204.66	759.80	1382.85	511.85	1894.70
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	HEALTH TRADITION	555.14	177.26	732.40	1382.85	443.35	1826.20
	WEA TRUST EAST	555.14	246.46	801.60	1382.85	616.35	1999.20
*	DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
*	SECURITY HEALTH PLAN	555.14	559.96	1115.10	1382.85	1400.15	2783.00
3	STANDARD PLAN - BALANCE OF STATE	555.14	569.76	1124.90	1382.85	1424.05	2806.90
KENOSHA							
3	ANTHEM BCBS SOUTHEAST	841.68	230.62	1072.30	2099.16	576.84	2676.00
3	HUMANA EASTERN	841.68	255.02	1096.70	2099.16	637.84	2737.00
	UNITEDHEALTHCARE SE	838.00	0.00	838.00	2090.20	0.00	2090.20
	WEA TRUST EAST	801.60	0.00	801.60	1999.20	0.00	1999.20
3	STANDARD PLAN - WAUKESHA	841.68	283.22	1124.90	2099.16	707.74	2806.90

2013 Premiums - Wisconsin Public Employers

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LCQP

Full Pay HMO - Standard PPO - P02

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
KEWAUNEE							
	ARISE HEALTH PLAN	778.58	165.62	944.20	1941.45	414.25	2355.70
	NETWORK HEALTH PLAN	741.50	0.00	741.50	1849.00	0.00	1849.00
	WEA TRUST EAST	778.58	23.02	801.60	1941.45	57.75	1999.20
3	ANTHEM BCBS NORTHEAST	778.58	192.12	970.70	1941.45	480.55	2422.00
*	HUMANA EASTERN	778.58	318.12	1096.70	1941.45	795.55	2737.00
*	UNITEDHEALTHCARE NE	778.58	19.02	797.60	1941.45	47.75	1989.20
3	STANDARD PLAN - BALANCE OF STATE	778.58	346.32	1124.90	1941.45	865.45	2806.90
LACROSSE							
	GUNDERSEN LUTHERAN HEALTH PLAN	759.80	0.00	759.80	1894.70	0.00	1894.70
	HEALTH TRADITION	732.40	0.00	732.40	1826.20	0.00	1826.20
3	STANDARD PLAN - DANE	769.02	273.38	1042.40	1917.51	683.39	2600.90
LAFAYETTE							
	DEAN HEALTH PLAN	644.10	0.00	644.10	1605.50	0.00	1605.50
	MEDICAL ASSOCIATES HEALTH PLAN	676.31	65.59	741.90	1685.78	164.22	1850.00
*	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
*	PHYSICIANS PLUS	604.10	0.00	604.10	1505.50	0.00	1505.50
3	STANDARD PLAN - BALANCE OF STATE	676.31	448.59	1124.90	1685.78	1121.12	2806.90
LANGLADE							
	ARISE HEALTH PLAN	841.68	102.52	944.20	2099.16	256.54	2355.70
3	SECURITY HEALTH PLAN	841.68	273.42	1115.10	2099.16	683.84	2783.00
	WEA TRUST EAST	801.60	0.00	801.60	1999.20	0.00	1999.20
3	STANDARD PLAN - BALANCE OF STATE	841.68	283.22	1124.90	2099.16	707.74	2806.90
LINCOLN							
3	SECURITY HEALTH PLAN	841.68	273.42	1115.10	2099.16	683.84	2783.00
	WEA TRUST EAST	801.60	0.00	801.60	1999.20	0.00	1999.20
*	ARISE HEALTH PLAN	841.68	102.52	944.20	2099.16	256.54	2355.70
3	STANDARD PLAN - BALANCE OF STATE	841.68	283.22	1124.90	2099.16	707.74	2806.90
MANITOWOC							
3	ANTHEM BCBS NORTHEAST	778.58	192.12	970.70	1941.45	480.55	2422.00
3	HUMANA EASTERN	778.58	318.12	1096.70	1941.45	795.55	2737.00
	ARISE HEALTH PLAN	778.58	165.62	944.20	1941.45	414.25	2355.70
	NETWORK HEALTH PLAN	741.50	0.00	741.50	1849.00	0.00	1849.00
	WEA TRUST EAST	778.58	23.02	801.60	1941.45	57.75	1999.20
	UNITEDHEALTHCARE NE	778.58	19.02	797.60	1941.45	47.75	1989.20
3	STANDARD PLAN - BALANCE OF STATE	778.58	346.32	1124.90	1941.45	865.45	2806.90
MARATHON							
	ARISE HEALTH PLAN	841.68	102.52	944.20	2099.16	256.54	2355.70
3	SECURITY HEALTH PLAN	841.68	273.42	1115.10	2099.16	683.84	2783.00
	WEA TRUST EAST	801.60	0.00	801.60	1999.20	0.00	1999.20
*	HEALTHPARTNERS	838.50	0.00	838.50	2091.50	0.00	2091.50
3	STANDARD PLAN - BALANCE OF STATE	841.68	283.22	1124.90	2099.16	707.74	2806.90

2013 Premiums - Wisconsin Public Employers

3 = Tier 3 Plan * = Plan Not Qualified in County

LCQP

Full Pay HMO - Standard PPO - P02

105% of the Low Cost Qualified Plan (LCQP)

	Individual Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
MARINETTE						
3 ANTHEM BCBS NORTHEAST	837.48	133.22	970.70	2088.66	333.34	2422.00
3 HUMANA EASTERN	837.48	259.22	1096.70	2088.66	648.34	2737.00
ARISE HEALTH PLAN	837.48	106.72	944.20	2088.66	267.04	2355.70
WEA TRUST EAST	801.60	0.00	801.60	1999.20	0.00	1999.20
UNITEDHEALTHCARE NE	797.60	0.00	797.60	1989.20	0.00	1989.20
3 STANDARD PLAN - BALANCE OF STATE	837.48	287.42	1124.90	2088.66	718.24	2806.90
MARQUETTE						
* UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
* NETWORK HEALTH PLAN	634.31	107.19	741.50	1580.78	268.22	1849.00
PHYSICIANS PLUS	604.10	0.00	604.10	1505.50	0.00	1505.50
WEA TRUST EAST	634.31	167.29	801.60	1580.78	418.42	1999.20
* UNITEDHEALTHCARE NE	634.31	163.29	797.60	1580.78	408.42	1989.20
3 STANDARD PLAN - BALANCE OF STATE	634.31	490.59	1124.90	1580.78	1226.12	2806.90
MENOMINEE						
* WEA TRUST EAST	785.51	16.09	801.60	1959.09	40.11	1999.20
3 STANDARD PLAN - BALANCE OF STATE	785.51	339.39	1124.90	1959.09	847.81	2806.90
STATE MAINTENANCE PLAN	748.10	0.00	748.10	1865.80	0.00	1865.80
MILWAUKEE						
3 ANTHEM BCBS SOUTHEAST	841.68	230.62	1072.30	2099.16	576.84	2676.00
3 HUMANA EASTERN	841.68	255.02	1096.70	2099.16	637.84	2737.00
UNITEDHEALTHCARE SE	838.00	0.00	838.00	2090.20	0.00	2090.20
3 WPS METRO CHOICE SE	841.68	400.02	1241.70	2099.16	1000.34	3099.50
WEA TRUST EAST	801.60	0.00	801.60	1999.20	0.00	1999.20
3 STANDARD PLAN - MILWAUKEE	841.68	374.92	1216.60	2099.16	937.04	3036.20
MONROE						
GUNDERSEN LUTHERAN HEALTH PLAN	759.80	0.00	759.80	1894.70	0.00	1894.70
HEALTH TRADITION	732.40	0.00	732.40	1826.20	0.00	1826.20
3 STANDARD PLAN - BALANCE OF STATE	769.02	355.88	1124.90	1917.51	889.39	2806.90
OCONTO						
3 ANTHEM BCBS NORTHEAST	778.58	192.12	970.70	1941.45	480.55	2422.00
3 HUMANA EASTERN	778.58	318.12	1096.70	1941.45	795.55	2737.00
ARISE HEALTH PLAN	778.58	165.62	944.20	1941.45	414.25	2355.70
NETWORK HEALTH PLAN	741.50	0.00	741.50	1849.00	0.00	1849.00
WEA TRUST EAST	778.58	23.02	801.60	1941.45	57.75	1999.20
* UNITEDHEALTHCARE NE	778.58	19.02	797.60	1941.45	47.75	1989.20
3 STANDARD PLAN - BALANCE OF STATE	778.58	346.32	1124.90	1941.45	865.45	2806.90
ONEIDA						
3 SECURITY HEALTH PLAN	785.51	329.59	1115.10	1959.09	823.91	2783.00
* ARISE HEALTH PLAN	785.51	158.69	944.20	1959.09	396.61	2355.70
3 STANDARD PLAN - BALANCE OF STATE	785.51	339.39	1124.90	1959.09	847.81	2806.90
STATE MAINTENANCE PLAN	748.10	0.00	748.10	1865.80	0.00	1865.80

2013 Premiums - Wisconsin Public Employers

3 = Tier 3 Plan * = Plan Not Qualified in County

LCQP

Full Pay HMO - Standard PPO - P02

105% of the Low Cost Qualified Plan (LCQP)

	Individual Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
OUTAGAMIE						
3 ANTHEM BCBS NORTHEAST	778.58	192.12	970.70	1941.45	480.55	2422.00
3 HUMANA EASTERN	778.58	318.12	1096.70	1941.45	795.55	2737.00
ARISE HEALTH PLAN	778.58	165.62	944.20	1941.45	414.25	2355.70
NETWORK HEALTH PLAN	741.50	0.00	741.50	1849.00	0.00	1849.00
WEA TRUST EAST	778.58	23.02	801.60	1941.45	57.75	1999.20
UNITEDHEALTHCARE NE	778.58	19.02	797.60	1941.45	47.75	1989.20
3 STANDARD PLAN - BALANCE OF STATE	778.58	346.32	1124.90	1941.45	865.45	2806.90
OZAUKEE						
3 ANTHEM BCBS SOUTHEAST	841.68	230.62	1072.30	2099.16	576.84	2676.00
3 HUMANA EASTERN	841.68	255.02	1096.70	2099.16	637.84	2737.00
UNITEDHEALTHCARE SE	838.00	0.00	838.00	2090.20	0.00	2090.20
3 WPS METRO CHOICE SE	841.68	400.02	1241.70	2099.16	1000.34	3099.50
WEA TRUST EAST	801.60	0.00	801.60	1999.20	0.00	1999.20
3 STANDARD PLAN - WAUKESHA	841.68	283.22	1124.90	2099.16	707.74	2806.90
PEPIN						
* HUMANA WESTERN	785.51	311.19	1096.70	1959.09	777.91	2737.00
* SECURITY HEALTH PLAN	785.51	329.59	1115.10	1959.09	823.91	2783.00
* WEA TRUST NORTHWEST	785.51	54.69	840.20	1959.09	136.61	2095.70
3 STANDARD PLAN - BALANCE OF STATE	785.51	339.39	1124.90	1959.09	847.81	2806.90
STATE MAINTENANCE PLAN	748.10	0.00	748.10	1865.80	0.00	1865.80
PIERCE						
3 ANTHEM BCBS NORTHWEST	880.43	243.87	1124.30	2196.08	609.92	2806.00
HEALTHPARTNERS	838.50	0.00	838.50	2091.50	0.00	2091.50
WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
WPS METRO CHOICE NW	880.43	184.47	1064.90	2196.08	461.42	2657.50
* HUMANA WESTERN	880.43	216.27	1096.70	2196.08	540.92	2737.00
3 STANDARD PLAN - BALANCE OF STATE	880.43	244.47	1124.90	2196.08	610.82	2806.90
POLK						
3 ANTHEM BCBS NORTHWEST	880.43	243.87	1124.30	2196.08	609.92	2806.00
HEALTHPARTNERS	838.50	0.00	838.50	2091.50	0.00	2091.50
WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
WPS METRO CHOICE NW	880.43	184.47	1064.90	2196.08	461.42	2657.50
* HUMANA WESTERN	880.43	216.27	1096.70	2196.08	540.92	2737.00
3 STANDARD PLAN - DANE	880.43	161.97	1042.40	2196.08	404.82	2600.90
PORTAGE						
3 SECURITY HEALTH PLAN	841.68	273.42	1115.10	2099.16	683.84	2783.00
WEA TRUST EAST	801.60	0.00	801.60	1999.20	0.00	1999.20
* ARISE HEALTH PLAN	841.68	102.52	944.20	2099.16	256.54	2355.70
3 STANDARD PLAN - BALANCE OF STATE	841.68	283.22	1124.90	2099.16	707.74	2806.90
PRICE						
3 SECURITY HEALTH PLAN	785.51	329.59	1115.10	1959.09	823.91	2783.00
3 STANDARD PLAN - BALANCE OF STATE	785.51	339.39	1124.90	1959.09	847.81	2806.90
STATE MAINTENANCE PLAN	748.10	0.00	748.10	1865.80	0.00	1865.80

2013 Premiums - Wisconsin Public Employers

3 = Tier 3 Plan * = Plan Not Qualified in County

LCQP

Full Pay HMO - Standard PPO - P02

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
RACINE							
3	ANTHEM BCBS SOUTHEAST	841.68	230.62	1072.30	2099.16	576.84	2676.00
3	HUMANA EASTERN	841.68	255.02	1096.70	2099.16	637.84	2737.00
	UNITEDHEALTHCARE SE	838.00	0.00	838.00	2090.20	0.00	2090.20
3	WPS METRO CHOICE SE	841.68	400.02	1241.70	2099.16	1000.34	3099.50
	WEA TRUST EAST	801.60	0.00	801.60	1999.20	0.00	1999.20
3	STANDARD PLAN - WAUKESHA	841.68	283.22	1124.90	2099.16	707.74	2806.90
RICHLAND							
	DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
	GUNDERSEN LUTHERAN HEALTH PLAN	555.14	204.66	759.80	1382.85	511.85	1894.70
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	HEALTH TRADITION	555.14	177.26	732.40	1382.85	443.35	1826.20
	PHYSICIANS PLUS	555.14	48.96	604.10	1382.85	122.65	1505.50
3	STANDARD PLAN - BALANCE OF STATE	555.14	569.76	1124.90	1382.85	1424.05	2806.90
ROCK							
3	ANTHEM BCBS SOUTHEAST	555.14	517.16	1072.30	1382.85	1293.15	2676.00
	DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
3	HUMANA EASTERN	555.14	541.56	1096.70	1382.85	1354.15	2737.00
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	MERCYCARE HEALTH PLAN	554.40	0.00	554.40	1381.20	0.00	1381.20
	UNITEDHEALTHCARE SE	555.14	282.86	838.00	1382.85	707.35	2090.20
	WEA TRUST EAST	555.14	246.46	801.60	1382.85	616.35	1999.20
*	PHYSICIANS PLUS	555.14	48.96	604.10	1382.85	122.65	1505.50
3	STANDARD PLAN - BALANCE OF STATE	555.14	569.76	1124.90	1382.85	1424.05	2806.90
RUSK							
3	SECURITY HEALTH PLAN	882.21	232.89	1115.10	2200.49	582.51	2783.00
	WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
	WPS METRO CHOICE NW	882.21	182.69	1064.90	2200.49	457.01	2657.50
3	STANDARD PLAN - BALANCE OF STATE	882.21	242.69	1124.90	2200.49	606.41	2806.90
SAUK							
	DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
	GUNDERSEN LUTHERAN HEALTH PLAN	555.14	204.66	759.80	1382.85	511.85	1894.70
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	HEALTH TRADITION	555.14	177.26	732.40	1382.85	443.35	1826.20
	PHYSICIANS PLUS	555.14	48.96	604.10	1382.85	122.65	1505.50
3	STANDARD PLAN - BALANCE OF STATE	555.14	569.76	1124.90	1382.85	1424.05	2806.90
SAWYER							
	GHC EAU CLAIRE	882.21	168.29	1050.50	2200.49	421.01	2621.50
3	SECURITY HEALTH PLAN	882.21	232.89	1115.10	2200.49	582.51	2783.00
	WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
*	HEALTHPARTNERS	838.50	0.00	838.50	2091.50	0.00	2091.50
*	WPS METRO CHOICE NW	882.21	182.69	1064.90	2200.49	457.01	2657.50
3	STANDARD PLAN - BALANCE OF STATE	882.21	242.69	1124.90	2200.49	606.41	2806.90

2013 Premiums - Wisconsin Public Employers

3 = Tier 3 Plan * = Plan Not Qualified in County

LCQP

Full Pay HMO - Standard PPO - P02

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
SHAWANO							
3	ANTHEM BCBS NORTHEAST	778.58	192.12	970.70	1941.45	480.55	2422.00
3	HUMANA EASTERN	778.58	318.12	1096.70	1941.45	795.55	2737.00
	ARISE HEALTH PLAN	778.58	165.62	944.20	1941.45	414.25	2355.70
	NETWORK HEALTH PLAN	741.50	0.00	741.50	1849.00	0.00	1849.00
	WEA TRUST EAST	778.58	23.02	801.60	1941.45	57.75	1999.20
	UNITEDHEALTHCARE NE	778.58	19.02	797.60	1941.45	47.75	1989.20
3	STANDARD PLAN - BALANCE OF STATE	778.58	346.32	1124.90	1941.45	865.45	2806.90
SHEBOYGAN							
3	ANTHEM BCBS NORTHEAST	778.58	192.12	970.70	1941.45	480.55	2422.00
3	HUMANA EASTERN	778.58	318.12	1096.70	1941.45	795.55	2737.00
	ARISE HEALTH PLAN	778.58	165.62	944.20	1941.45	414.25	2355.70
	NETWORK HEALTH PLAN	741.50	0.00	741.50	1849.00	0.00	1849.00
	WEA TRUST EAST	778.58	23.02	801.60	1941.45	57.75	1999.20
	UNITEDHEALTHCARE NE	778.58	19.02	797.60	1941.45	47.75	1989.20
3	STANDARD PLAN - BALANCE OF STATE	778.58	346.32	1124.90	1941.45	865.45	2806.90
ST. CROIX							
3	ANTHEM BCBS NORTHWEST	880.43	243.87	1124.30	2196.08	609.92	2806.00
	HUMANA WESTERN	880.43	216.27	1096.70	2196.08	540.92	2737.00
	HEALTHPARTNERS	838.50	0.00	838.50	2091.50	0.00	2091.50
	WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
	WPS METRO CHOICE NW	880.43	184.47	1064.90	2196.08	461.42	2657.50
3	STANDARD PLAN - DANE	880.43	161.97	1042.40	2196.08	404.82	2600.90
TAYLOR							
	ARISE HEALTH PLAN	841.68	102.52	944.20	2099.16	256.54	2355.70
3	SECURITY HEALTH PLAN	841.68	273.42	1115.10	2099.16	683.84	2783.00
	WEA TRUST EAST	801.60	0.00	801.60	1999.20	0.00	1999.20
3	STANDARD PLAN - BALANCE OF STATE	841.68	283.22	1124.90	2099.16	707.74	2806.90
TREMPEALEAU							
	GUNDERSEN LUTHERAN HEALTH PLAN	759.80	0.00	759.80	1894.70	0.00	1894.70
	WEA TRUST NORTHWEST	797.79	42.41	840.20	1989.44	106.26	2095.70
*	HEALTH TRADITION	732.40	0.00	732.40	1826.20	0.00	1826.20
3	STANDARD PLAN - BALANCE OF STATE	797.79	327.11	1124.90	1989.44	817.46	2806.90
VERNON							
	GUNDERSEN LUTHERAN HEALTH PLAN	555.14	204.66	759.80	1382.85	511.85	1894.70
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	HEALTH TRADITION	555.14	177.26	732.40	1382.85	443.35	1826.20
*	DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
3	STANDARD PLAN - BALANCE OF STATE	555.14	569.76	1124.90	1382.85	1424.05	2806.90
VILAS							
3	SECURITY HEALTH PLAN	785.51	329.59	1115.10	1959.09	823.91	2783.00
*	ARISE HEALTH PLAN	785.51	158.69	944.20	1959.09	396.61	2355.70
3	STANDARD PLAN - BALANCE OF STATE	785.51	339.39	1124.90	1959.09	847.81	2806.90
	STATE MAINTENANCE PLAN	748.10	0.00	748.10	1865.80	0.00	1865.80

2013 Premiums - Wisconsin Public Employers

3 = Tier 3 Plan * = Plan Not Qualified in County

LCQP

Full Pay HMO - Standard PPO - P02

105% of the Low Cost Qualified Plan (LCQP)

	Individual Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WALWORTH						
3 ANTHEM BCBS SOUTHEAST	555.14	517.16	1072.30	1382.85	1293.15	2676.00
3 HUMANA EASTERN	555.14	541.56	1096.70	1382.85	1354.15	2737.00
UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
MERCYCARE HEALTH PLAN	554.40	0.00	554.40	1381.20	0.00	1381.20
UNITEDHEALTHCARE SE	555.14	282.86	838.00	1382.85	707.35	2090.20
WEA TRUST EAST	555.14	246.46	801.60	1382.85	616.35	1999.20
* DEAN HEALTH PLAN	555.14	88.96	644.10	1382.85	222.65	1605.50
3 STANDARD PLAN - BALANCE OF STATE	555.14	569.76	1124.90	1382.85	1424.05	2806.90
WASHBURN						
3 ANTHEM BCBS NORTHWEST	882.21	242.09	1124.30	2200.49	605.51	2806.00
GHC EAU CLAIRE	882.21	168.29	1050.50	2200.49	421.01	2621.50
3 SECURITY HEALTH PLAN	882.21	232.89	1115.10	2200.49	582.51	2783.00
WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
WPS METRO CHOICE NW	882.21	182.69	1064.90	2200.49	457.01	2657.50
* GUNDERSEN LUTHERAN HEALTH PLAN	759.80	0.00	759.80	1894.70	0.00	1894.70
* HEALTHPARTNERS	838.50	0.00	838.50	2091.50	0.00	2091.50
3 STANDARD PLAN - BALANCE OF STATE	882.21	242.69	1124.90	2200.49	606.41	2806.90
WASHINGTON						
3 ANTHEM BCBS SOUTHEAST	841.68	230.62	1072.30	2099.16	576.84	2676.00
3 HUMANA EASTERN	841.68	255.02	1096.70	2099.16	637.84	2737.00
UNITEDHEALTHCARE SE	838.00	0.00	838.00	2090.20	0.00	2090.20
3 WPS METRO CHOICE SE	841.68	400.02	1241.70	2099.16	1000.34	3099.50
WEA TRUST EAST	801.60	0.00	801.60	1999.20	0.00	1999.20
3 STANDARD PLAN - WAUKESHA	841.68	283.22	1124.90	2099.16	707.74	2806.90
WAUKESHA						
3 ANTHEM BCBS SOUTHEAST	841.68	230.62	1072.30	2099.16	576.84	2676.00
* DEAN HEALTH PLAN	644.10	0.00	644.10	1605.50	0.00	1605.50
3 HUMANA EASTERN	841.68	255.02	1096.70	2099.16	637.84	2737.00
UNITEDHEALTHCARE SE	838.00	0.00	838.00	2090.20	0.00	2090.20
3 WPS METRO CHOICE SE	841.68	400.02	1241.70	2099.16	1000.34	3099.50
WEA TRUST EAST	801.60	0.00	801.60	1999.20	0.00	1999.20
3 STANDARD PLAN - WAUKESHA	841.68	283.22	1124.90	2099.16	707.74	2806.90
WAUPACA						
3 ANTHEM BCBS NORTHEAST	778.58	192.12	970.70	1941.45	480.55	2422.00
3 HUMANA EASTERN	778.58	318.12	1096.70	1941.45	795.55	2737.00
ARISE HEALTH PLAN	778.58	165.62	944.20	1941.45	414.25	2355.70
NETWORK HEALTH PLAN	741.50	0.00	741.50	1849.00	0.00	1849.00
3 SECURITY HEALTH PLAN	778.58	336.52	1115.10	1941.45	841.55	2783.00
WEA TRUST EAST	778.58	23.02	801.60	1941.45	57.75	1999.20
UNITEDHEALTHCARE NE	778.58	19.02	797.60	1941.45	47.75	1989.20
3 STANDARD PLAN - BALANCE OF STATE	778.58	346.32	1124.90	1941.45	865.45	2806.90

2013 Premiums - Wisconsin Public Employers

3 = Tier 3 Plan * = Plan Not Qualified in County

LCQP

Full Pay HMO - Standard PPO - P02

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WAUSHARA							
3	ANTHEM BCBS NORTHEAST	634.31	336.39	970.70	1580.78	841.22	2422.00
3	HUMANA EASTERN	634.31	462.39	1096.70	1580.78	1156.22	2737.00
	NETWORK HEALTH PLAN	634.31	107.19	741.50	1580.78	268.22	1849.00
3	SECURITY HEALTH PLAN	634.31	480.79	1115.10	1580.78	1202.22	2783.00
	WEA TRUST EAST	634.31	167.29	801.60	1580.78	418.42	1999.20
	PHYSICIANS PLUS	604.10	0.00	604.10	1505.50	0.00	1505.50
	UNITEDHEALTHCARE NE	634.31	163.29	797.60	1580.78	408.42	1989.20
3	STANDARD PLAN - BALANCE OF STATE	634.31	490.59	1124.90	1580.78	1226.12	2806.90
WINNEBAGO							
3	ANTHEM BCBS NORTHEAST	778.58	192.12	970.70	1941.45	480.55	2422.00
3	HUMANA EASTERN	778.58	318.12	1096.70	1941.45	795.55	2737.00
	NETWORK HEALTH PLAN	741.50	0.00	741.50	1849.00	0.00	1849.00
	WEA TRUST EAST	778.58	23.02	801.60	1941.45	57.75	1999.20
	UNITEDHEALTHCARE NE	778.58	19.02	797.60	1941.45	47.75	1989.20
*	ARISE HEALTH PLAN	778.58	165.62	944.20	1941.45	414.25	2355.70
3	STANDARD PLAN - BALANCE OF STATE	778.58	346.32	1124.90	1941.45	865.45	2806.90
WOOD							
	ARISE HEALTH PLAN	841.68	102.52	944.20	2099.16	256.54	2355.70
3	SECURITY HEALTH PLAN	841.68	273.42	1115.10	2099.16	683.84	2783.00
	WEA TRUST EAST	801.60	0.00	801.60	1999.20	0.00	1999.20
3	STANDARD PLAN - BALANCE OF STATE	841.68	283.22	1124.90	2099.16	707.74	2806.90