2013 Premiums - Wisconsin Public Employers

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

Full Pay HMO - Standard PPO - P02

88% of the Tier 1 Qualified Plans' Average Premium

		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	567.27	76.83	644.10	1413.98	191.52	1605.50
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
3	SECURITY HEALTH PLAN	567.27	547.83	1115.10	1413.98	1369.02	2783.00
	WEA TRUST EAST	567.27	234.33	801.60	1413.98	585.22	1999.20
	PHYSICIANS PLUS	567.27	36.83	604.10	1413.98	91.52	1505.50
3	STANDARD PLAN - BALANCE OF STATE	567.27	557.63	1124.90	1413.98	1392.92	2806.90
ASHLAND							
3	ANTHEM BCBS NORTHWEST	831.91	292.39	1124.30	2075.57	730.43	2806.00
	GHC EAU CLAIRE	831.91	218.59	1050.50	2075.57	545.93	2621.50
3	SECURITY HEALTH PLAN	831.91	283.19	1115.10	2075.57	707.43	2783.00
	WEA TRUST NORTHWEST	831.91	8.29	840.20	2075.57	20.13	2095.70
*	HEALTHPARTNERS	831.91	6.59	838.50	2075.57	15.93	2091.50
3	STANDARD PLAN - BALANCE OF STATE	831.91	292.99	1124.90	2075.57	731.33	2806.90
BARRON							
	HUMANA WESTERN	880.53	216.17	1096.70	2197.13	539.87	2737.00
3	SECURITY HEALTH PLAN	880.53	234.57	1115.10	2197.13	585.87	2783.00
	WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
	WPS METRO CHOICE NW	880.53	184.37	1064.90	2197.13	460.37	2657.50
*	GUNDERSEN LUTHERAN HEALTH PLAN	759.80	0.00	759.80	1894.70	0.00	1894.70
3	STANDARD PLAN - BALANCE OF STATE	880.53	244.37	1124.90	2197.13	609.77	2806.90
BAYFIELD							
*	ANTHEM BCBS NORTHWEST	658.33	465.97	1124.30	1641.90	1164.10	2806.00
*	GHC EAU CLAIRE	658.33	392.17	1050.50	1641.90	979.60	2621.50
*	SECURITY HEALTH PLAN	658.33	456.77	1115.10	1641.90	1141.10	2783.00
*	HEALTHPARTNERS	658.33	180.17	838.50	1641.90	449.60	2091.50
*	WEA TRUST NORTHWEST	658.33	181.87	840.20	1641.90	453.80	2095.70
3	STANDARD PLAN - BALANCE OF STATE	658.33	466.57	1124.90	1641.90	1165.00	2806.90
	STATE MAINTENANCE PLAN	658.33	89.77	748.10	1641.90	223.90	1865.80
BROWN							
3	ANTHEM BCBS NORTHEAST	722.68	248.02	970.70	1802.48	619.52	2422.00
3	HUMANA EASTERN	722.68	374.02	1096.70	1802.48	934.52	2737.00
	ARISE HEALTH PLAN	722.68	221.52	944.20	1802.48	553.22	2355.70
	NETWORK HEALTH PLAN	722.68	18.82	741.50	1802.48	46.52	1849.00
	WEA TRUST EAST	722.68	78.92	801.60	1802.48	196.72	1999.20
	UNITEDHEALTHCARE NE	722.68	74.92	797.60	1802.48	186.72	1989.20
3	STANDARD PLAN - BALANCE OF STATE	722.68	402.22	1124.90	1802.48	1004.42	2806.90
BUFFALO							
*	HEALTH TRADITION	658.33	74.07	732.40	1641.90	184.30	1826.20
*	WEA TRUST NORTHWEST	658.33	181.87	840.20	1641.90	453.80	2095.70
3	STANDARD PLAN - BALANCE OF STATE	658.33	466.57	1124.90	1641.90	1165.00	2806.90
	STATE MAINTENANCE PLAN	658.33	89.77	748.10	1641.90	223.90	1865.80

2013 Premiums - Wisconsin Public Employers

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Full Pay HMO - Standard PPO - P02

88% of the Tier 1 Qualified Plans' Average Premium

		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	834.70	215.80	1050.50	2082.56	538.94	2621.50
	HEALTHPARTNERS	834.70	3.80	838.50	2082.56	8.94	2091.50
	WEA TRUST NORTHWEST	834.70	5.50	840.20	2082.56	13.14	2095.70
	WPS METRO CHOICE NW	834.70	230.20	1064.90	2082.56	574.94	2657.50
*	ANTHEM BCBS NORTHWEST	834.70	289.60	1124.30	2082.56	723.44	2806.00
3	STANDARD PLAN - BALANCE OF STATE	834.70	290.20	1124.90	2082.56	724.34	2806.90
CALUMET							
3	ANTHEM BCBS NORTHEAST	677.20	293.50	970.70	1688.81	733.19	2422.00
3	HUMANA EASTERN	677.20	419.50	1096.70	1688.81	1048.19	2737.00
	NETWORK HEALTH PLAN	677.20	64.30	741.50	1688.81	160.19	1849.00
	UNITEDHEALTHCARE NE	677.20	120.40	797.60	1688.81	300.39	1989.20
*	ARISE HEALTH PLAN	677.20	267.00	944.20	1688.81	666.89	2355.70
*	WEA TRUST EAST	677.20	124.40	801.60	1688.81	310.39	1999.20
3	STANDARD PLAN - BALANCE OF STATE	677.20	447.70	1124.90	1688.81	1118.09	2806.90
CHIPPEWA							
	HUMANA WESTERN	827.55	269.15	1096.70	2064.68	672.32	2737.00
	GUNDERSEN LUTHERAN HEALTH PLAN	759.80	0.00	759.80	1894.70	0.00	1894.70
3	SECURITY HEALTH PLAN	827.55	287.55	1115.10	2064.68	718.32	2783.00
	WEA TRUST NORTHWEST	827.55	12.65	840.20	2064.68	31.02	2095.70
	WPS METRO CHOICE NW	827.55	237.35	1064.90	2064.68	592.82	2657.50
3	STANDARD PLAN - BALANCE OF STATE	827.55	297.35	1124.90	2064.68	742.22	2806.90
CLARK							
	GUNDERSEN LUTHERAN HEALTH PLAN	704.00	55.80	759.80	1755.78	138.92	1894.70
3	SECURITY HEALTH PLAN	704.00	411.10	1115.10	1755.78	1027.22	2783.00
	WEA TRUST NORTHWEST	704.00	136.20	840.20	1755.78	339.92	2095.70
*	ARISE HEALTH PLAN	704.00	240.20	944.20	1755.78	599.92	2355.70
3	STANDARD PLAN - BALANCE OF STATE	704.00	420.90	1124.90	1755.78	1051.12	2806.90
COLUMBIA							
	DEAN HEALTH PLAN	567.27	76.83	644.10	1413.98	191.52	1605.50
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	PHYSICIANS PLUS	567.27	36.83	604.10	1413.98	91.52	1505.50
	WEA TRUST EAST	567.27	234.33	801.60	1413.98	585.22	1999.20
3	STANDARD PLAN - BALANCE OF STATE	567.27	557.63	1124.90	1413.98	1392.92	2806.90
CRAWFORD							
	GUNDERSEN LUTHERAN HEALTH PLAN	656.57	103.23	759.80	1637.20	257.50	1894.70
	HEALTH TRADITION	656.57	75.83	732.40	1637.20	189.00	1826.20
*	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
*	MEDICAL ASSOCIATES HEALTH PLAN	656.57	85.33	741.90	1637.20	212.80	1850.00
3	STANDARD PLAN - BALANCE OF STATE	656.57	468.33	1124.90	1637.20	1169.70	2806.90
DANE							
	DEAN HEALTH PLAN	511.74	132.36	644.10	1275.16	330.34	1605.50
	GHC-SOUTHCENTRAL WI	511.74	62.06	573.80	1275.16	154.54	1429.70
	PHYSICIANS PLUS	511.74	92.36	604.10	1275.16	230.34	1505.50
	UNITY UW	504.10	0.00	504.10	1255.50	0.00	1255.50
3	STANDARD PLAN - DANE	511.74	530.66	1042.40	1275.16	1325.74	2600.90

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Full Pay HMO - Standard PPO - P02

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
DODGE							
3	ANTHEM BCBS SOUTHEAST	625.49	446.81	1072.30	1559.52	1116.48	2676.00
	DEAN HEALTH PLAN	625.49	18.61	644.10	1559.52	45.98	1605.50
3	HUMANA EASTERN	625.49	471.21	1096.70	1559.52	1177.48	2737.00
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	NETWORK HEALTH PLAN	625.49	116.01	741.50	1559.52	289.48	1849.00
	UNITEDHEALTHCARE SE	625.49	212.51	838.00	1559.52	530.68	2090.20
3	WPS METRO CHOICE SE	625.49	616.21	1241.70	1559.52	1539.98	3099.50
	WEA TRUST EAST	625.49	176.11	801.60	1559.52	439.68	1999.20
*	ARISE HEALTH PLAN	625.49	318.71	944.20	1559.52	796.18	2355.70
3	STANDARD PLAN - BALANCE OF STATE	625.49	499.41	1124.90	1559.52	1247.38	2806.90
DOOR							
3	ANTHEM BCBS NORTHEAST	722.68	248.02	970.70	1802.48	619.52	2422.00
3	HUMANA EASTERN	722.68	374.02	1096.70	1802.48	934.52	2737.00
	ARISE HEALTH PLAN	722.68	221.52	944.20	1802.48	553.22	2355.70
	NETWORK HEALTH PLAN	722.68	18.82	741.50	1802.48	46.52	1849.00
	UNITEDHEALTHCARE NE	722.68	74.92	797.60	1802.48	186.72	1989.20
	WEA TRUST EAST	722.68	78.92	801.60	1802.48	196.72	1999.20
3	STANDARD PLAN - BALANCE OF STATE	722.68	402.22	1124.90	1802.48	1004.42	2806.90
DOUGLAS							
3	ANTHEM BCBS NORTHWEST	841.70	282.60	1124.30	2100.05	705.95	2806.00
	HUMANA WESTERN	841.70	255.00	1096.70	2100.05	636.95	2737.00
	GHC EAU CLAIRE	841.70	208.80	1050.50	2100.05	521.45	2621.50
3	SECURITY HEALTH PLAN	841.70	273.40	1115.10	2100.05	682.95	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	841.70	283.20	1124.90	2100.05	706.85	2806.90
DUNN							
	HUMANA WESTERN	880.53	216.17	1096.70	2197.13	539.87	2737.00
	WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
	WPS METRO CHOICE NW	880.53	184.37	1064.90	2197.13	460.37	2657.50
3	STANDARD PLAN - BALANCE OF STATE	880.53	244.37	1124.90	2197.13	609.77	2806.90
EAU CLAIRE							
3	ANTHEM BCBS NORTHWEST	827.55	296.75	1124.30	2064.68	741.32	2806.00
	HUMANA WESTERN	827.55	269.15	1096.70	2064.68	672.32	2737.00
	GUNDERSEN LUTHERAN HEALTH PLAN	759.80	0.00	759.80	1894.70	0.00	1894.70
3	SECURITY HEALTH PLAN	827.55	287.55	1115.10	2064.68	718.32	2783.00
	WEA TRUST NORTHWEST	827.55	12.65	840.20	2064.68	31.02	2095.70
	WPS METRO CHOICE NW	827.55	237.35	1064.90	2064.68	592.82	2657.50
3	STANDARD PLAN - BALANCE OF STATE	827.55	297.35	1124.90	2064.68	742.22	2806.90
FLORENCE							
*	ARISE HEALTH PLAN	658.33	285.87	944.20	1641.90	713.80	2355.70
*	WEA TRUST EAST	658.33	143.27	801.60	1641.90	357.30	1999.20
3	STANDARD PLAN - BALANCE OF STATE	658.33	466.57	1124.90	1641.90	1165.00	2806.90
	STATE MAINTENANCE PLAN	658.33	89.77	748.10	1641.90	223.90	1865.80

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88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
FOND DU LAC							
3	ANTHEM BCBS NORTHEAST	653.80	316.90	970.70	1630.29	791.71	2422.00
	DEAN HEALTH PLAN	644.10	0.00	644.10	1605.50	0.00	1605.50
3	HUMANA EASTERN	653.80	442.90	1096.70	1630.29	1106.71	2737.00
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	ARISE HEALTH PLAN	653.80	290.40	944.20	1630.29	725.41	2355.70
	NETWORK HEALTH PLAN	653.80	87.70	741.50	1630.29	218.71	1849.00
	WEA TRUST EAST	653.80	147.80	801.60	1630.29	368.91	1999.20
	UNITEDHEALTHCARE NE	653.80	143.80	797.60	1630.29	358.91	1989.20
3	STANDARD PLAN - BALANCE OF STATE	653.80	471.10	1124.90	1630.29	1176.61	2806.90
FOREST							
*	ARISE HEALTH PLAN	658.33	285.87	944.20	1641.90	713.80	2355.70
*	SECURITY HEALTH PLAN	658.33	456.77	1115.10	1641.90	1141.10	2783.00
3	STANDARD PLAN - BALANCE OF STATE	658.33	466.57	1124.90	1641.90	1165.00	2806.90
	STATE MAINTENANCE PLAN	658.33	89.77	748.10	1641.90	223.90	1865.80
GRANT							
	DEAN HEALTH PLAN	588.28	55.82	644.10	1466.51	138.99	1605.50
	GUNDERSEN LUTHERAN HEALTH PLAN	588.28	171.52	759.80	1466.51	428.19	1894.70
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	HEALTH TRADITION	588.28	144.12	732.40	1466.51	359.69	1826.20
	MEDICAL ASSOCIATES HEALTH PLAN	588.28	153.62	741.90	1466.51	383.49	1850.00
	PHYSICIANS PLUS	588.28	15.82	604.10	1466.51	38.99	1505.50
3	STANDARD PLAN - DANE	588.28	454.12	1042.40	1466.51	1134.39	2600.90
GREEN							
	DEAN HEALTH PLAN	516.03	128.07	644.10	1285.90	319.60	1605.50
3	HUMANA EASTERN	516.03	580.67	1096.70	1285.90	1451.10	2737.00
	UNITY COMMUNITY	516.03	12.67	528.70	1285.90	31.10	1317.00
*	MERCYCARE HEALTH PLAN	516.03	38.37	554.40	1285.90	95.30	1381.20
3	STANDARD PLAN - BALANCE OF STATE	516.03	608.87	1124.90	1285.90	1521.00	2806.90
GREEN LAKE							
3	ANTHEM BCBS NORTHEAST	686.61	284.09	970.70	1712.30	709.70	2422.00
3	HUMANA EASTERN	686.61	410.09	1096.70	1712.30	1024.70	2737.00
	NETWORK HEALTH PLAN	686.61	54.89	741.50	1712.30	136.70	1849.00
	WEA TRUST EAST	686.61	114.99	801.60	1712.30	286.90	1999.20
	UNITEDHEALTHCARE NE	686.61	110.99	797.60	1712.30	276.90	1989.20
*	DEAN HEALTH PLAN	644.10	0.00	644.10	1605.50	0.00	1605.50
*	ARISE HEALTH PLAN	686.61	257.59	944.20	1712.30	643.40	2355.70
*	PHYSICIANS PLUS	604.10	0.00	604.10	1505.50	0.00	1505.50
3	STANDARD PLAN - BALANCE OF STATE	686.61	438.29	1124.90	1712.30	1094.60	2806.90
IOWA							
	DEAN HEALTH PLAN	554.14	89.96	644.10	1381.16	224.34	1605.50
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	MEDICAL ASSOCIATES HEALTH PLAN	554.14	187.76	741.90	1381.16	468.84	1850.00
	PHYSICIANS PLUS	554.14	49.96	604.10	1381.16	124.34	1505.50
3	STANDARD PLAN - BALANCE OF STATE	554.14	570.76	1124.90	1381.16	1425.74	2806.90

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Full Pay HMO - Standard PPO - P02

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
IRON							
*	SECURITY HEALTH PLAN	658.33	456.77	1115.10	1641.90	1141.10	2783.00
3	STANDARD PLAN - BALANCE OF STATE	658.33	466.57	1124.90	1641.90	1165.00	2806.90
	STATE MAINTENANCE PLAN	658.33	89.77	748.10	1641.90	223.90	1865.80
JACKSON							
	GUNDERSEN LUTHERAN HEALTH PLAN	684.17	75.63	759.80	1706.20	188.50	1894.70
	HEALTH TRADITION	684.17	48.23	732.40	1706.20	120.00	1826.20
3	SECURITY HEALTH PLAN	684.17	430.93	1115.10	1706.20	1076.80	2783.00
	WEA TRUST NORTHWEST	684.17	156.03	840.20	1706.20	389.50	2095.70
3	STANDARD PLAN - BALANCE OF STATE	684.17	440.73	1124.90	1706.20	1100.70	2806.90
JEFFERSON							
3	ANTHEM BCBS SOUTHEAST	592.56	479.74	1072.30	1477.19	1198.81	2676.00
	DEAN HEALTH PLAN	592.56	51.54	644.10	1477.19	128.31	1605.50
3	HUMANA EASTERN	592.56	504.14	1096.70	1477.19	1259.81	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	592.56	245.44	838.00	1477.19	613.01	2090.20
3	WPS METRO CHOICE SE	592.56	649.14	1241.70	1477.19	1622.31	3099.50
	WEA TRUST EAST	592.56	209.04	801.60	1477.19	522.01	1999.20
*	PHYSICIANS PLUS	592.56	11.54	604.10	1477.19	28.31	1505.50
3	STANDARD PLAN - DANE	592.56	449.84	1042.40	1477.19	1123.71	2600.90
JUNEAU							
	GUNDERSEN LUTHERAN HEALTH PLAN	620.95	138.85	759.80	1548.16	346.54	1894.70
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	HEALTH TRADITION	620.95	111.45	732.40	1548.16	278.04	1826.20
	WEA TRUST EAST	620.95	180.65	801.60	1548.16	451.04	1999.20
*	DEAN HEALTH PLAN	620.95	23.15	644.10	1548.16	57.34	1605.50
*	SECURITY HEALTH PLAN	620.95	494.15	1115.10	1548.16	1234.84	2783.00
3	STANDARD PLAN - BALANCE OF STATE	620.95	503.95	1124.90	1548.16	1258.74	2806.90
KENOSHA							
3	ANTHEM BCBS SOUTHEAST	721.42	350.88	1072.30	1799.34	876.66	2676.00
3	HUMANA EASTERN	721.42	375.28	1096.70	1799.34	937.66	2737.00
	UNITEDHEALTHCARE SE	721.42	116.58	838.00	1799.34	290.86	2090.20
	WEA TRUST EAST	721.42	80.18	801.60	1799.34	199.86	1999.20
3	STANDARD PLAN - WAUKESHA	721.42	403.48	1124.90	1799.34	1007.56	2806.90
KEWAUNEE							
	ARISE HEALTH PLAN	729.61	214.59	944.20	1819.81	535.89	2355.70
	NETWORK HEALTH PLAN	729.61	11.89	741.50	1819.81	29.19	1849.00
	WEA TRUST EAST	729.61	71.99	801.60	1819.81	179.39	1999.20
3	ANTHEM BCBS NORTHEAST	729.61	241.09	970.70	1819.81	602.19	2422.00
*	HUMANA EASTERN	729.61	367.09	1096.70	1819.81	917.19	2737.00
*	UNITEDHEALTHCARE NE	729.61	67.99	797.60	1819.81	169.39	1989.20
3	STANDARD PLAN - BALANCE OF STATE	729.61	395.29	1124.90	1819.81	987.09	2806.90

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		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
LACROSSE							
	GUNDERSEN LUTHERAN HEALTH PLAN	656.57	103.23	759.80	1637.20	257.50	1894.70
	HEALTH TRADITION	656.57	75.83	732.40	1637.20	189.00	1826.20
3	STANDARD PLAN - DANE	656.57	385.83	1042.40	1637.20	963.70	2600.90
LAFAYETTE							
	DEAN HEALTH PLAN	609.84	34.26	644.10	1520.42	85.08	1605.50
	MEDICAL ASSOCIATES HEALTH PLAN	609.84	132.06	741.90	1520.42	329.58	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	609.84	515.06	1124.90	1520.42	1286.48	2806.90
LANGLADE							
	ARISE HEALTH PLAN	768.15	176.05	944.20	1916.16	439.54	2355.70
3	SECURITY HEALTH PLAN	768.15	346.95	1115.10	1916.16	866.84	2783.00
	WEA TRUST EAST	768.15	33.45	801.60	1916.16	83.04	1999.20
3	STANDARD PLAN - BALANCE OF STATE	768.15	356.75	1124.90	1916.16	890.74	2806.90
LINCOLN							
3	SECURITY HEALTH PLAN	705.41	409.69	1115.10	1759.30	1023.70	2783.00
	WEA TRUST EAST	705.41	96.19	801.60	1759.30	239.90	1999.20
*	ARISE HEALTH PLAN	705.41	238.79	944.20	1759.30	596.40	2355.70
3	STANDARD PLAN - BALANCE OF STATE	705.41	419.49	1124.90	1759.30	1047.60	2806.90
MANITOWOC							
3	ANTHEM BCBS NORTHEAST	722.68	248.02	970.70	1802.48	619.52	2422.00
3	HUMANA EASTERN	722.68	374.02	1096.70	1802.48	934.52	2737.00
	ARISE HEALTH PLAN	722.68	221.52	944.20	1802.48	553.22	2355.70
	NETWORK HEALTH PLAN	722.68	18.82	741.50	1802.48	46.52	1849.00
	WEA TRUST EAST	722.68	78.92	801.60	1802.48	196.72	1999.20
	UNITEDHEALTHCARE NE	722.68	74.92	797.60	1802.48	186.72	1989.20
3	STANDARD PLAN - BALANCE OF STATE	722.68	402.22	1124.90	1802.48	1004.42	2806.90
MARATHON							
	ARISE HEALTH PLAN	768.15	176.05	944.20	1916.16	439.54	2355.70
3	SECURITY HEALTH PLAN	768.15	346.95	1115.10	1916.16	866.84	2783.00
	WEA TRUST EAST	768.15	33.45	801.60	1916.16	83.04	1999.20
*	HEALTHPARTNERS	768.15	70.35	838.50	1916.16	175.34	2091.50
3	STANDARD PLAN - BALANCE OF STATE	768.15	356.75	1124.90	1916.16	890.74	2806.90
MARINETTE							
3	ANTHEM BCBS NORTHEAST	746.06	224.64	970.70	1860.94	561.06	2422.00
3	HUMANA EASTERN	746.06	350.64	1096.70	1860.94	876.06	2737.00
	ARISE HEALTH PLAN	746.06	198.14	944.20	1860.94	494.76	2355.70
	WEA TRUST EAST	746.06	55.54	801.60	1860.94	138.26	1999.20
	UNITEDHEALTHCARE NE	746.06	51.54	797.60	1860.94	128.26	1989.20
3	STANDARD PLAN - BALANCE OF STATE	746.06	378.84	1124.90	1860.94	945.96	2806.90

2013 Premiums - Wisconsin Public Employers

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

Full Pay HMO - Standard PPO - P02

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
MARQUETTE							
*	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
*	NETWORK HEALTH PLAN	618.51	122.99	741.50	1542.07	306.93	1849.00
	PHYSICIANS PLUS	604.10	0.00	604.10	1505.50	0.00	1505.50
	WEA TRUST EAST	618.51	183.09	801.60	1542.07	457.13	1999.20
*	UNITEDHEALTHCARE NE	618.51	179.09	797.60	1542.07	447.13	1989.20
3	STANDARD PLAN - BALANCE OF STATE	618.51	506.39	1124.90	1542.07	1264.83	2806.90
MENOMINEE							
*	WEA TRUST EAST	658.33	143.27	801.60	1641.90	357.30	1999.20
3	STANDARD PLAN - BALANCE OF STATE	658.33	466.57	1124.90	1641.90	1165.00	2806.90
	STATE MAINTENANCE PLAN	658.33	89.77	748.10	1641.90	223.90	1865.80
MILWAUKEE							
3	ANTHEM BCBS SOUTHEAST	721.42	350.88	1072.30	1799.34	876.66	2676.00
3	HUMANA EASTERN	721.42	375.28	1096.70	1799.34	937.66	2737.00
	UNITEDHEALTHCARE SE	721.42	116.58	838.00	1799.34	290.86	2090.20
3	WPS METRO CHOICE SE	721.42	520.28	1241.70	1799.34	1300.16	3099.50
	WEA TRUST EAST	721.42	80.18	801.60	1799.34	199.86	1999.20
3	STANDARD PLAN - MILWAUKEE	721.42	495.18	1216.60	1799.34	1236.86	3036.20
MONROE							
	GUNDERSEN LUTHERAN HEALTH PLAN	656.57	103.23	759.80	1637.20	257.50	1894.70
	HEALTH TRADITION	656.57	75.83	732.40	1637.20	189.00	1826.20
3	STANDARD PLAN - BALANCE OF STATE	656.57	468.33	1124.90	1637.20	1169.70	2806.90
OCONTO							
3	ANTHEM BCBS NORTHEAST	729.61	241.09	970.70	1819.81	602.19	2422.00
3	HUMANA EASTERN	729.61	367.09	1096.70	1819.81	917.19	2737.00
	ARISE HEALTH PLAN	729.61	214.59	944.20	1819.81	535.89	2355.70
	NETWORK HEALTH PLAN	729.61	11.89	741.50	1819.81	29.19	1849.00
	WEA TRUST EAST	729.61	71.99	801.60	1819.81	179.39	1999.20
*	UNITEDHEALTHCARE NE	729.61	67.99	797.60	1819.81	169.39	1989.20
3	STANDARD PLAN - BALANCE OF STATE	729.61	395.29	1124.90	1819.81	987.09	2806.90
ONEIDA							
3	SECURITY HEALTH PLAN	658.33	456.77	1115.10	1641.90	1141.10	2783.00
*	ARISE HEALTH PLAN	658.33	285.87	944.20	1641.90	713.80	2355.70
3	STANDARD PLAN - BALANCE OF STATE	658.33	466.57	1124.90	1641.90	1165.00	2806.90
	STATE MAINTENANCE PLAN	748.10	0.00	748.10	1865.80	0.00	1865.80
OUTAGAMIE							
3	ANTHEM BCBS NORTHEAST	722.68	248.02	970.70	1802.48	619.52	2422.00
3	HUMANA EASTERN	722.68	374.02	1096.70	1802.48	934.52	2737.00
	ARISE HEALTH PLAN	722.68	221.52	944.20	1802.48	553.22	2355.70
	NETWORK HEALTH PLAN	722.68	18.82	741.50	1802.48	46.52	1849.00
	WEA TRUST EAST	722.68	78.92	801.60	1802.48	196.72	1999.20
	UNITEDHEALTHCARE NE	722.68	74.92	797.60	1802.48	186.72	1989.20
3	STANDARD PLAN - BALANCE OF STATE	722.68	402.22	1124.90	1802.48	1004.42	2806.90

2013 Premiums - Wisconsin Public Employers

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

Full Pay HMO - Standard PPO - P02

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
OZAUKEE							
3	ANTHEM BCBS SOUTHEAST	721.42	350.88	1072.30	1799.34	876.66	2676.00
3	HUMANA EASTERN	721.42	375.28	1096.70	1799.34	937.66	2737.00
	UNITEDHEALTHCARE SE	721.42	116.58	838.00	1799.34	290.86	2090.20
3	WPS METRO CHOICE SE	721.42	520.28	1241.70	1799.34	1300.16	3099.50
	WEA TRUST EAST	721.42	80.18	801.60	1799.34	199.86	1999.20
3	STANDARD PLAN - WAUKESHA	721.42	403.48	1124.90	1799.34	1007.56	2806.90
PEPIN							
*	HUMANA WESTERN	658.33	438.37	1096.70	1641.90	1095.10	2737.00
*	SECURITY HEALTH PLAN	658.33	456.77	1115.10	1641.90	1141.10	2783.00
*	WEA TRUST NORTHWEST	658.33	181.87	840.20	1641.90	453.80	2095.70
3	STANDARD PLAN - BALANCE OF STATE	658.33	466.57	1124.90	1641.90	1165.00	2806.90
	STATE MAINTENANCE PLAN	658.33	89.77	748.10	1641.90	223.90	1865.80
PIERCE							
3	ANTHEM BCBS NORTHWEST	804.79	319.51	1124.30	2007.78	798.22	2806.00
	HEALTHPARTNERS	804.79	33.71	838.50	2007.78	83.72	2091.50
	WEA TRUST NORTHWEST	804.79	35.41	840.20	2007.78	87.92	2095.70
	WPS METRO CHOICE NW	804.79	260.11	1064.90	2007.78	649.72	2657.50
*	HUMANA WESTERN	804.79	291.91	1096.70	2007.78	729.22	2737.00
3	STANDARD PLAN - BALANCE OF STATE	804.79	320.11	1124.90	2007.78	799.12	2806.90
POLK							
3	ANTHEM BCBS NORTHWEST	804.79	319.51	1124.30	2007.78	798.22	2806.00
	HEALTHPARTNERS	804.79	33.71	838.50	2007.78	83.72	2091.50
	WEA TRUST NORTHWEST	804.79	35.41	840.20	2007.78	87.92	2095.70
	WPS METRO CHOICE NW	804.79	260.11	1064.90	2007.78	649.72	2657.50
*	HUMANA WESTERN	804.79	291.91	1096.70	2007.78	729.22	2737.00
3	STANDARD PLAN - DANE	804.79	237.61	1042.40	2007.78	593.12	2600.90
PORTAGE							
3	SECURITY HEALTH PLAN	705.41	409.69	1115.10	1759.30	1023.70	2783.00
	WEA TRUST EAST	705.41	96.19	801.60	1759.30	239.90	1999.20
*	ARISE HEALTH PLAN	705.41	238.79	944.20	1759.30	596.40	2355.70
3	STANDARD PLAN - BALANCE OF STATE	705.41	419.49	1124.90	1759.30	1047.60	2806.90
PRICE							
3	SECURITY HEALTH PLAN	658.33	456.77	1115.10	1641.90	1141.10	2783.00
3	STANDARD PLAN - BALANCE OF STATE	658.33	466.57	1124.90	1641.90	1165.00	2806.90
	STATE MAINTENANCE PLAN	658.33	89.77	748.10	1641.90	223.90	1865.80
RACINE							
3	ANTHEM BCBS SOUTHEAST	721.42	350.88	1072.30	1799.34	876.66	2676.00
3	HUMANA EASTERN	721.42	375.28	1096.70	1799.34	937.66	2737.00
	UNITEDHEALTHCARE SE	721.42	116.58	838.00	1799.34	290.86	2090.20
3	WPS METRO CHOICE SE	721.42	520.28	1241.70	1799.34	1300.16	3099.50
	WEA TRUST EAST	721.42	80.18	801.60	1799.34	199.86	1999.20
3	STANDARD PLAN - WAUKESHA	721.42	403.48	1124.90	1799.34	1007.56	2806.90

2013 Premiums - Wisconsin Public Employers

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Full Pay HMO - Standard PPO - P02

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
RICHLAND							
	DEAN HEALTH PLAN	575.36	68.74	644.10	1434.21	171.29	1605.50
	GUNDERSEN LUTHERAN HEALTH PLAN	575.36	184.44	759.80	1434.21	460.49	1894.70
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	HEALTH TRADITION	575.36	157.04	732.40	1434.21	391.99	1826.20
	PHYSICIANS PLUS	575.36	28.74	604.10	1434.21	71.29	1505.50
3	STANDARD PLAN - BALANCE OF STATE	575.36	549.54	1124.90	1434.21	1372.69	2806.90
ROCK							
3	ANTHEM BCBS SOUTHEAST	592.56	479.74	1072.30	1477.19	1198.81	2676.00
	DEAN HEALTH PLAN	592.56	51.54	644.10	1477.19	128.31	1605.50
3	HUMANA EASTERN	592.56	504.14	1096.70	1477.19	1259.81	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	592.56	245.44	838.00	1477.19	613.01	2090.20
	WEA TRUST EAST	592.56	209.04	801.60	1477.19	522.01	1999.20
*	PHYSICIANS PLUS	592.56	11.54	604.10	1477.19	28.31	1505.50
3	STANDARD PLAN - BALANCE OF STATE	592.56	532.34	1124.90	1477.19	1329.71	2806.90
RUSK							
3	SECURITY HEALTH PLAN	838.24	276.86	1115.10	2091.41	691.59	2783.00
	WEA TRUST NORTHWEST	838.24	1.96	840.20	2091.41	4.29	2095.70
	WPS METRO CHOICE NW	838.24	226.66	1064.90	2091.41	566.09	2657.50
3	STANDARD PLAN - BALANCE OF STATE	838.24	286.66	1124.90	2091.41	715.49	2806.90
SAUK							
	DEAN HEALTH PLAN	575.36	68.74	644.10	1434.21	171.29	1605.50
	GUNDERSEN LUTHERAN HEALTH PLAN	575.36	184.44	759.80	1434.21	460.49	1894.70
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	HEALTH TRADITION	575.36	157.04	732.40	1434.21	391.99	1826.20
	PHYSICIANS PLUS	575.36	28.74	604.10	1434.21	71.29	1505.50
3	STANDARD PLAN - BALANCE OF STATE	575.36	549.54	1124.90	1434.21	1372.69	2806.90
SAWYER							
	GHC EAU CLAIRE	831.91	218.59	1050.50	2075.57	545.93	2621.50
3	SECURITY HEALTH PLAN	831.91	283.19	1115.10	2075.57	707.43	2783.00
	WEA TRUST NORTHWEST	831.91	8.29	840.20	2075.57	20.13	2095.70
*	HEALTHPARTNERS	831.91	6.59	838.50	2075.57	15.93	2091.50
*	WPS METRO CHOICE NW	831.91	232.99	1064.90	2075.57	581.93	2657.50
3	STANDARD PLAN - BALANCE OF STATE	831.91	292.99	1124.90	2075.57	731.33	2806.90
SHAWANO							
3	ANTHEM BCBS NORTHEAST	722.68	248.02	970.70	1802.48	619.52	2422.00
3	HUMANA EASTERN	722.68	374.02	1096.70	1802.48	934.52	2737.00
	ARISE HEALTH PLAN	722.68	221.52	944.20	1802.48	553.22	2355.70
	NETWORK HEALTH PLAN	722.68	18.82	741.50	1802.48	46.52	1849.00
	WEA TRUST EAST	722.68	78.92	801.60	1802.48	196.72	1999.20
	UNITEDHEALTHCARE NE	722.68	74.92	797.60	1802.48	186.72	1989.20
3	STANDARD PLAN - BALANCE OF STATE	722.68	402.22	1124.90	1802.48	1004.42	2806.90

2013 Premiums - Wisconsin Public Employers

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Full Pay HMO - Standard PPO - P02

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
SHEBOYGAN							
3	ANTHEM BCBS NORTHEAST	722.68	248.02	970.70	1802.48	619.52	2422.00
3	HUMANA EASTERN	722.68	374.02	1096.70	1802.48	934.52	2737.00
	ARISE HEALTH PLAN	722.68	221.52	944.20	1802.48	553.22	2355.70
	NETWORK HEALTH PLAN	722.68	18.82	741.50	1802.48	46.52	1849.00
	WEA TRUST EAST	722.68	78.92	801.60	1802.48	196.72	1999.20
	UNITEDHEALTHCARE NE	722.68	74.92	797.60	1802.48	186.72	1989.20
3	STANDARD PLAN - BALANCE OF STATE	722.68	402.22	1124.90	1802.48	1004.42	2806.90
ST. CROIX							
3	ANTHEM BCBS NORTHWEST	844.87	279.43	1124.30	2107.97	698.03	2806.00
	HUMANA WESTERN	844.87	251.83	1096.70	2107.97	629.03	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	844.87	220.03	1064.90	2107.97	549.53	2657.50
3	STANDARD PLAN - DANE	844.87	197.53	1042.40	2107.97	492.93	2600.90
TAYLOR							
	ARISE HEALTH PLAN	768.15	176.05	944.20	1916.16	439.54	2355.70
3	SECURITY HEALTH PLAN	768.15	346.95	1115.10	1916.16	866.84	2783.00
	WEA TRUST EAST	768.15	33.45	801.60	1916.16	83.04	1999.20
3	STANDARD PLAN - BALANCE OF STATE	768.15	356.75	1124.90	1916.16	890.74	2806.90
TREMPEALEAU							
	GUNDERSEN LUTHERAN HEALTH PLAN	704.00	55.80	759.80	1755.78	138.92	1894.70
	WEA TRUST NORTHWEST	704.00	136.20	840.20	1755.78	339.92	2095.70
*	HEALTH TRADITION	704.00	28.40	732.40	1755.78	70.42	1826.20
3	STANDARD PLAN - BALANCE OF STATE	704.00	420.90	1124.90	1755.78	1051.12	2806.90
VERNON							
	GUNDERSEN LUTHERAN HEALTH PLAN	592.80	167.00	759.80	1477.78	416.92	1894.70
	UNITY COMMUNITY	528.70	0.00	528.70	1317.00	0.00	1317.00
	HEALTH TRADITION	592.80	139.60	732.40	1477.78	348.42	1826.20
*	DEAN HEALTH PLAN	592.80	51.30	644.10	1477.78	127.72	1605.50
3	STANDARD PLAN - BALANCE OF STATE	592.80	532.10	1124.90	1477.78	1329.12	2806.90
VILAS							
3	SECURITY HEALTH PLAN	658.33	456.77	1115.10	1641.90	1141.10	2783.00
*	ARISE HEALTH PLAN	658.33	285.87	944.20	1641.90	713.80	2355.70
3	STANDARD PLAN - BALANCE OF STATE	658.33	466.57	1124.90	1641.90	1165.00	2806.90
	STATE MAINTENANCE PLAN	748.10	0.00	748.10	1865.80	0.00	1865.80
WALWORTH							
3	ANTHEM BCBS SOUTHEAST	598.99	473.31	1072.30	1493.27	1182.73	2676.00
3	HUMANA EASTERN	598.99	497.71	1096.70	1493.27	1243.73	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	598.99	239.01	838.00	1493.27	596.93	2090.20
	WEA TRUST EAST	598.99	202.61	801.60	1493.27	505.93	1999.20
*	DEAN HEALTH PLAN	598.99	45.11	644.10	1493.27	112.23	1605.50
3	STANDARD PLAN - BALANCE OF STATE	598.99	525.91	1124.90	1493.27	1313.63	2806.90

2013 Premiums - Wisconsin Public Employers

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Full Pay HMO - Standard PPO - P02

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WASHBURN							
3	ANTHEM BCBS NORTHWEST	866.98	257.32	1124.30	2163.25	642.75	2806.00
	GHC EAU CLAIRE	866.98	183.52	1050.50	2163.25	458.25	2621.50
3	SECURITY HEALTH PLAN	866.98	248.12	1115.10	2163.25	619.75	2783.00
	WEA TRUST NORTHWEST	840.20	0.00	840.20	2095.70	0.00	2095.70
	WPS METRO CHOICE NW	866.98	197.92	1064.90	2163.25	494.25	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	866.98	257.92	1124.90	2163.25	643.65	2806.90
WASHINGTON							
3	ANTHEM BCBS SOUTHEAST	721.42	350.88	1072.30	1799.34	876.66	2676.00
3	HUMANA EASTERN	721.42	375.28	1096.70	1799.34	937.66	2737.00
	UNITEDHEALTHCARE SE	721.42	116.58	838.00	1799.34	290.86	2090.20
3	WPS METRO CHOICE SE	721.42	520.28	1241.70	1799.34	1300.16	3099.50
	WEA TRUST EAST	721.42	80.18	801.60	1799.34	199.86	1999.20
3	STANDARD PLAN - WAUKESHA	721.42	403.48	1124.90	1799.34	1007.56	2806.90
WAUKESHA							
3	ANTHEM BCBS SOUTHEAST	721.42	350.88	1072.30	1799.34	876.66	2676.00
*	DEAN HEALTH PLAN	644.10	0.00	644.10	1605.50	0.00	1605.50
3	HUMANA EASTERN	721.42	375.28	1096.70	1799.34	937.66	2737.00
	UNITEDHEALTHCARE SE	721.42	116.58	838.00	1799.34	290.86	2090.20
3	WPS METRO CHOICE SE	721.42	520.28	1241.70	1799.34	1300.16	3099.50
	WEA TRUST EAST	721.42	80.18	801.60	1799.34	199.86	1999.20
3	STANDARD PLAN - WAUKESHA	721.42	403.48	1124.90	1799.34	1007.56	2806.90
WAUPACA							
3	ANTHEM BCBS NORTHEAST	722.68	248.02	970.70	1802.48	619.52	2422.00
3	HUMANA EASTERN	722.68	374.02	1096.70	1802.48	934.52	2737.00
	ARISE HEALTH PLAN	722.68	221.52	944.20	1802.48	553.22	2355.70
	NETWORK HEALTH PLAN	722.68	18.82	741.50	1802.48	46.52	1849.00
3	SECURITY HEALTH PLAN	722.68	392.42	1115.10	1802.48	980.52	2783.00
	WEA TRUST EAST	722.68	78.92	801.60	1802.48	196.72	1999.20
	UNITEDHEALTHCARE NE	722.68	74.92	797.60	1802.48	186.72	1989.20
3	STANDARD PLAN - BALANCE OF STATE	722.68	402.22	1124.90	1802.48	1004.42	2806.90
WAUSHARA							
3	ANTHEM BCBS NORTHEAST	647.86	322.84	970.70	1615.44	806.56	2422.00
3	HUMANA EASTERN	647.86	448.84	1096.70	1615.44	1121.56	2737.00
	NETWORK HEALTH PLAN	647.86	93.64	741.50	1615.44	233.56	1849.00
3	SECURITY HEALTH PLAN	647.86	467.24	1115.10	1615.44	1167.56	2783.00
	WEA TRUST EAST	647.86	153.74	801.60	1615.44	383.76	1999.20
	PHYSICIANS PLUS	604.10	0.00	604.10	1505.50	0.00	1505.50
	UNITEDHEALTHCARE NE	647.86	149.74	797.60	1615.44	373.76	1989.20
3	STANDARD PLAN - BALANCE OF STATE	647.86	477.04	1124.90	1615.44	1191.46	2806.90

2013 Premiums - Wisconsin Public Employers

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

Full Pay HMO - Standard PPO - P02

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WINNEBAGO							
3	ANTHEM BCBS NORTHEAST	686.61	284.09	970.70	1712.30	709.70	2422.00
3	HUMANA EASTERN	686.61	410.09	1096.70	1712.30	1024.70	2737.00
	NETWORK HEALTH PLAN	686.61	54.89	741.50	1712.30	136.70	1849.00
	WEA TRUST EAST	686.61	114.99	801.60	1712.30	286.90	1999.20
	UNITEDHEALTHCARE NE	686.61	110.99	797.60	1712.30	276.90	1989.20
*	ARISE HEALTH PLAN	686.61	257.59	944.20	1712.30	643.40	2355.70
3	STANDARD PLAN - BALANCE OF STATE	686.61	438.29	1124.90	1712.30	1094.60	2806.90
WOOD							
	ARISE HEALTH PLAN	768.15	176.05	944.20	1916.16	439.54	2355.70
3	SECURITY HEALTH PLAN	768.15	346.95	1115.10	1916.16	866.84	2783.00
	WEA TRUST EAST	768.15	33.45	801.60	1916.16	83.04	1999.20
3	STANDARD PLAN - BALANCE OF STATE	768.15	356.75	1124.90	1916.16	890.74	2806.90