

2013 Premiums - Wisconsin Public Employers

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

Coinsurance HMO - Standard PPO - P06

88% of the Tier 1 Qualified Plans' Average Premium

	Single 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	542.70	73.80	616.50	1352.56	183.94	1536.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
³ SECURITY HEALTH PLAN	542.70	520.80	1063.50	1352.56	1301.44	2654.00
WEA TRUST EAST	542.70	223.00	765.70	1352.56	556.94	1909.50
PHYSICIANS PLUS	542.70	35.40	578.10	1352.56	87.94	1440.50
³ STANDARD PLAN - BALANCE OF STATE	542.70	464.20	1006.90	1352.56	1159.74	2512.30
ASHLAND						
³ ANTHEM BCBS NORTHWEST	794.02	278.28	1072.30	1980.84	695.16	2676.00
GHC EAU CLAIRE	794.02	208.18	1002.20	1980.84	519.86	2500.70
³ SECURITY HEALTH PLAN	794.02	269.48	1063.50	1980.84	673.16	2654.00
WEA TRUST NORTHWEST	794.02	8.38	802.40	1980.84	20.36	2001.20
* HEALTHPARTNERS	794.02	6.78	800.80	1980.84	16.36	1997.20
³ STANDARD PLAN - BALANCE OF STATE	794.02	212.88	1006.90	1980.84	531.46	2512.30
BARRON						
HUMANA WESTERN	840.49	205.61	1046.10	2097.01	513.49	2610.50
³ SECURITY HEALTH PLAN	840.49	223.01	1063.50	2097.01	556.99	2654.00
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
WPS METRO CHOICE NW	840.49	176.31	1016.80	2097.01	440.19	2537.20
* GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
³ STANDARD PLAN - BALANCE OF STATE	840.49	166.41	1006.90	2097.01	415.29	2512.30
BAYFIELD						
* ANTHEM BCBS NORTHWEST	625.42	446.88	1072.30	1559.71	1116.29	2676.00
* GHC EAU CLAIRE	625.42	376.78	1002.20	1559.71	940.99	2500.70
* SECURITY HEALTH PLAN	625.42	438.08	1063.50	1559.71	1094.29	2654.00
* HEALTHPARTNERS	625.42	175.38	800.80	1559.71	437.49	1997.20
* WEA TRUST NORTHWEST	625.42	176.98	802.40	1559.71	441.49	2001.20
³ STANDARD PLAN - BALANCE OF STATE	625.42	381.48	1006.90	1559.71	952.59	2512.30
STATE MAINTENANCE PLAN	625.42	85.28	710.70	1559.71	212.69	1772.40
BROWN						
³ ANTHEM BCBS NORTHEAST	690.23	236.17	926.40	1721.37	589.83	2311.20
³ HUMANA EASTERN	690.23	355.87	1046.10	1721.37	889.13	2610.50
ARISE HEALTH PLAN	690.23	210.97	901.20	1721.37	526.83	2248.20
NETWORK HEALTH PLAN	690.23	18.37	708.60	1721.37	45.33	1766.70
WEA TRUST EAST	690.23	75.47	765.70	1721.37	188.13	1909.50
UNITEDHEALTHCARE NE	690.23	71.67	761.90	1721.37	178.63	1900.00
³ STANDARD PLAN - BALANCE OF STATE	690.23	316.67	1006.90	1721.37	790.93	2512.30
BUFFALO						
* HEALTH TRADITION	625.42	74.58	700.00	1559.71	185.49	1745.20
* WEA TRUST NORTHWEST	625.42	176.98	802.40	1559.71	441.49	2001.20
³ STANDARD PLAN - BALANCE OF STATE	625.42	381.48	1006.90	1559.71	952.59	2512.30
STATE MAINTENANCE PLAN	625.42	85.28	710.70	1559.71	212.69	1772.40
BURNETT						
GHC EAU CLAIRE	796.88	205.32	1002.20	1987.99	512.71	2500.70
HEALTHPARTNERS	796.88	3.92	800.80	1987.99	9.21	1997.20
WEA TRUST NORTHWEST	796.88	5.52	802.40	1987.99	13.21	2001.20
WPS METRO CHOICE NW	796.88	219.92	1016.80	1987.99	549.21	2537.20
* ANTHEM BCBS NORTHWEST	796.88	275.42	1072.30	1987.99	688.01	2676.00
³ STANDARD PLAN - BALANCE OF STATE	796.88	210.02	1006.90	1987.99	524.31	2512.30
CALUMET						
³ ANTHEM BCBS NORTHEAST	647.02	279.38	926.40	1613.35	697.85	2311.20
³ HUMANA EASTERN	647.02	399.08	1046.10	1613.35	997.15	2610.50

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	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
NETWORK HEALTH PLAN	647.02	61.58	708.60	1613.35	153.35	1766.70
UNITEDHEALTHCARE NE	647.02	114.88	761.90	1613.35	286.65	1900.00
* ARISE HEALTH PLAN	647.02	254.18	901.20	1613.35	634.85	2248.20
* WEA TRUST EAST	647.02	118.68	765.70	1613.35	296.15	1909.50
³ STANDARD PLAN - BALANCE OF STATE	647.02	359.88	1006.90	1613.35	898.95	2512.30
CHIPPEWA						
HUMANA WESTERN	790.09	256.01	1046.10	1971.00	639.50	2610.50
GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
³ SECURITY HEALTH PLAN	790.09	273.41	1063.50	1971.00	683.00	2654.00
WEA TRUST NORTHWEST	790.09	12.31	802.40	1971.00	30.20	2001.20
WPS METRO CHOICE NW	790.09	226.71	1016.80	1971.00	566.20	2537.20
³ STANDARD PLAN - BALANCE OF STATE	790.09	216.81	1006.90	1971.00	541.30	2512.30
CLARK						
GUNDERSEN LUTHERAN HEALTH PLAN	672.50	53.50	726.00	1677.02	133.18	1810.20
³ SECURITY HEALTH PLAN	672.50	391.00	1063.50	1677.02	976.98	2654.00
WEA TRUST NORTHWEST	672.50	129.90	802.40	1677.02	324.18	2001.20
* ARISE HEALTH PLAN	672.50	228.70	901.20	1677.02	571.18	2248.20
³ STANDARD PLAN - BALANCE OF STATE	672.50	334.40	1006.90	1677.02	835.28	2512.30

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	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
COLUMBIA						
DEAN HEALTH PLAN	542.70	73.80	616.50	1352.56	183.94	1536.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
PHYSICIANS PLUS	542.70	35.40	578.10	1352.56	87.94	1440.50
WEA TRUST EAST	542.70	223.00	765.70	1352.56	556.94	1909.50
³ STANDARD PLAN - BALANCE OF STATE	542.70	464.20	1006.90	1352.56	1159.74	2512.30
CRAWFORD						
GUNDERSEN LUTHERAN HEALTH PLAN	627.44	98.56	726.00	1564.38	245.82	1810.20
HEALTH TRADITION	627.44	72.56	700.00	1564.38	180.82	1745.20
* UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
* MEDICAL ASSOCIATES HEALTH PLAN	627.44	81.56	709.00	1564.38	203.32	1767.70
³ STANDARD PLAN - BALANCE OF STATE	627.44	379.46	1006.90	1564.38	947.92	2512.30
DANE						
DEAN HEALTH PLAN	489.94	126.56	616.50	1220.67	315.83	1536.50
GHC-SOUTHCENTRAL WI	489.94	59.36	549.30	1220.67	147.83	1368.50
PHYSICIANS PLUS	489.94	88.16	578.10	1220.67	219.83	1440.50
UNITY UW	483.10	0.00	483.10	1203.00	0.00	1203.00
³ STANDARD PLAN - DANE	489.94	445.26	935.20	1220.67	1112.53	2333.20
DODGE						
³ ANTHEM BCBS SOUTHEAST	597.98	424.92	1022.90	1490.76	1061.74	2552.50
DEAN HEALTH PLAN	597.98	18.52	616.50	1490.76	45.74	1536.50
³ HUMANA EASTERN	597.98	448.12	1046.10	1490.76	1119.74	2610.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
NETWORK HEALTH PLAN	597.98	110.62	708.60	1490.76	275.94	1766.70
UNITEDHEALTHCARE SE	597.98	202.32	800.30	1490.76	505.24	1996.00
³ WPS METRO CHOICE SE	597.98	586.72	1184.70	1490.76	1466.24	2957.00
WEA TRUST EAST	597.98	167.72	765.70	1490.76	418.74	1909.50
* ARISE HEALTH PLAN	597.98	303.22	901.20	1490.76	757.44	2248.20
³ STANDARD PLAN - BALANCE OF STATE	597.98	408.92	1006.90	1490.76	1021.54	2512.30
DOOR						
³ ANTHEM BCBS NORTHEAST	690.23	236.17	926.40	1721.37	589.83	2311.20
³ HUMANA EASTERN	690.23	355.87	1046.10	1721.37	889.13	2610.50
ARISE HEALTH PLAN	690.23	210.97	901.20	1721.37	526.83	2248.20
NETWORK HEALTH PLAN	690.23	18.37	708.60	1721.37	45.33	1766.70
UNITEDHEALTHCARE NE	690.23	71.67	761.90	1721.37	178.63	1900.00
WEA TRUST EAST	690.23	75.47	765.70	1721.37	188.13	1909.50
³ STANDARD PLAN - BALANCE OF STATE	690.23	316.67	1006.90	1721.37	790.93	2512.30
DOUGLAS						
³ ANTHEM BCBS NORTHWEST	803.33	268.97	1072.30	2004.11	671.89	2676.00
HUMANA WESTERN	803.33	242.77	1046.10	2004.11	606.39	2610.50
GHC EAU CLAIRE	803.33	198.87	1002.20	2004.11	496.59	2500.70
³ SECURITY HEALTH PLAN	803.33	260.17	1063.50	2004.11	649.89	2654.00
HEALTHPARTNERS	800.80	0.00	800.80	1997.20	0.00	1997.20
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
³ STANDARD PLAN - BALANCE OF STATE	803.33	203.57	1006.90	2004.11	508.19	2512.30
DUNN						
HUMANA WESTERN	840.49	205.61	1046.10	2097.01	513.49	2610.50
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
WPS METRO CHOICE NW	840.49	176.31	1016.80	2097.01	440.19	2537.20
³ STANDARD PLAN - BALANCE OF STATE	840.49	166.41	1006.90	2097.01	415.29	2512.30
EAU CLAIRE						
³ ANTHEM BCBS NORTHWEST	790.09	282.21	1072.30	1971.00	705.00	2676.00

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HUMANA WESTERN	790.09	256.01	1046.10	1971.00	639.50	2610.50
GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
³ SECURITY HEALTH PLAN	790.09	273.41	1063.50	1971.00	683.00	2654.00
WEA TRUST NORTHWEST	790.09	12.31	802.40	1971.00	30.20	2001.20
WPS METRO CHOICE NW	790.09	226.71	1016.80	1971.00	566.20	2537.20
³ STANDARD PLAN - BALANCE OF STATE	790.09	216.81	1006.90	1971.00	541.30	2512.30
FLORENCE						
* ARISE HEALTH PLAN	625.42	275.78	901.20	1559.71	688.49	2248.20
* WEA TRUST EAST	625.42	140.28	765.70	1559.71	349.79	1909.50
³ STANDARD PLAN - BALANCE OF STATE	625.42	381.48	1006.90	1559.71	952.59	2512.30
STATE MAINTENANCE PLAN	625.42	85.28	710.70	1559.71	212.69	1772.40
FOND DU LAC						
³ ANTHEM BCBS NORTHEAST	624.86	301.54	926.40	1557.95	753.25	2311.20
DEAN HEALTH PLAN	616.50	0.00	616.50	1536.50	0.00	1536.50
³ HUMANA EASTERN	624.86	421.24	1046.10	1557.95	1052.55	2610.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
ARISE HEALTH PLAN	624.86	276.34	901.20	1557.95	690.25	2248.20
NETWORK HEALTH PLAN	624.86	83.74	708.60	1557.95	208.75	1766.70
WEA TRUST EAST	624.86	140.84	765.70	1557.95	351.55	1909.50
UNITEDHEALTHCARE NE	624.86	137.04	761.90	1557.95	342.05	1900.00
³ STANDARD PLAN - BALANCE OF STATE	624.86	382.04	1006.90	1557.95	954.35	2512.30

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	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
FOREST						
* ARISE HEALTH PLAN	625.42	275.78	901.20	1559.71	688.49	2248.20
* SECURITY HEALTH PLAN	625.42	438.08	1063.50	1559.71	1094.29	2654.00
³ STANDARD PLAN - BALANCE OF STATE	625.42	381.48	1006.90	1559.71	952.59	2512.30
STATE MAINTENANCE PLAN	625.42	85.28	710.70	1559.71	212.69	1772.40
GRANT						
DEAN HEALTH PLAN	562.63	53.87	616.50	1402.37	134.13	1536.50
GUNDERSEN LUTHERAN HEALTH PLAN	562.63	163.37	726.00	1402.37	407.83	1810.20
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
HEALTH TRADITION	562.63	137.37	700.00	1402.37	342.83	1745.20
MEDICAL ASSOCIATES HEALTH PLAN	562.63	146.37	709.00	1402.37	365.33	1767.70
PHYSICIANS PLUS	562.63	15.47	578.10	1402.37	38.13	1440.50
³ STANDARD PLAN - DANE	562.63	372.57	935.20	1402.37	930.83	2333.20
GREEN						
DEAN HEALTH PLAN	494.12	122.38	616.50	1231.12	305.38	1536.50
³ HUMANA EASTERN	494.12	551.98	1046.10	1231.12	1379.38	2610.50
UNITY COMMUNITY	494.12	12.38	506.50	1231.12	30.38	1261.50
* MERCYCARE HEALTH PLAN	494.12	36.78	530.90	1231.12	91.38	1322.50
³ STANDARD PLAN - BALANCE OF STATE	494.12	512.78	1006.90	1231.12	1281.18	2512.30
GREEN LAKE						
³ ANTHEM BCBS NORTHEAST	655.95	270.45	926.40	1635.69	675.51	2311.20
³ HUMANA EASTERN	655.95	390.15	1046.10	1635.69	974.81	2610.50
NETWORK HEALTH PLAN	655.95	52.65	708.60	1635.69	131.01	1766.70
WEA TRUST EAST	655.95	109.75	765.70	1635.69	273.81	1909.50
UNITEDHEALTHCARE NE	655.95	105.95	761.90	1635.69	264.31	1900.00
* DEAN HEALTH PLAN	616.50	0.00	616.50	1536.50	0.00	1536.50
* ARISE HEALTH PLAN	655.95	245.25	901.20	1635.69	612.51	2248.20
* PHYSICIANS PLUS	578.10	0.00	578.10	1440.50	0.00	1440.50
³ STANDARD PLAN - BALANCE OF STATE	655.95	350.95	1006.90	1635.69	876.61	2512.30
IOWA						
DEAN HEALTH PLAN	530.22	86.28	616.50	1321.36	215.14	1536.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
MEDICAL ASSOCIATES HEALTH PLAN	530.22	178.78	709.00	1321.36	446.34	1767.70
PHYSICIANS PLUS	530.22	47.88	578.10	1321.36	119.14	1440.50
³ STANDARD PLAN - BALANCE OF STATE	530.22	476.68	1006.90	1321.36	1190.94	2512.30

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	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
IRON						
* SECURITY HEALTH PLAN	625.42	438.08	1063.50	1559.71	1094.29	2654.00
³ STANDARD PLAN - BALANCE OF STATE	625.42	381.48	1006.90	1559.71	952.59	2512.30
STATE MAINTENANCE PLAN	625.42	85.28	710.70	1559.71	212.69	1772.40
JACKSON						
GUNDERSEN LUTHERAN HEALTH PLAN	653.66	72.34	726.00	1629.94	180.26	1810.20
HEALTH TRADITION	653.66	46.34	700.00	1629.94	115.26	1745.20
³ SECURITY HEALTH PLAN	653.66	409.84	1063.50	1629.94	1024.06	2654.00
WEA TRUST NORTHWEST	653.66	148.74	802.40	1629.94	371.26	2001.20
³ STANDARD PLAN - BALANCE OF STATE	653.66	353.24	1006.90	1629.94	882.36	2512.30
JEFFERSON						
³ ANTHEM BCBS SOUTHEAST	566.70	456.20	1022.90	1412.58	1139.92	2552.50
DEAN HEALTH PLAN	566.70	49.80	616.50	1412.58	123.92	1536.50
³ HUMANA EASTERN	566.70	479.40	1046.10	1412.58	1197.92	2610.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
MERCYCARE HEALTH PLAN	530.90	0.00	530.90	1322.50	0.00	1322.50
UNITEDHEALTHCARE SE	566.70	233.60	800.30	1412.58	583.42	1996.00
³ WPS METRO CHOICE SE	566.70	618.00	1184.70	1412.58	1544.42	2957.00
WEA TRUST EAST	566.70	199.00	765.70	1412.58	496.92	1909.50
* PHYSICIANS PLUS	566.70	11.40	578.10	1412.58	27.92	1440.50
³ STANDARD PLAN - DANE	566.70	368.50	935.20	1412.58	920.62	2333.20
JUNEAU						
GUNDERSEN LUTHERAN HEALTH PLAN	593.60	132.40	726.00	1479.81	330.39	1810.20
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
HEALTH TRADITION	593.60	106.40	700.00	1479.81	265.39	1745.20
WEA TRUST EAST	593.60	172.10	765.70	1479.81	429.69	1909.50
* DEAN HEALTH PLAN	593.60	22.90	616.50	1479.81	56.69	1536.50
* SECURITY HEALTH PLAN	593.60	469.90	1063.50	1479.81	1174.19	2654.00
³ STANDARD PLAN - BALANCE OF STATE	593.60	413.30	1006.90	1479.81	1032.49	2512.30
KENOSHA						
³ ANTHEM BCBS SOUTHEAST	689.04	333.86	1022.90	1718.42	834.08	2552.50
³ HUMANA EASTERN	689.04	357.06	1046.10	1718.42	892.08	2610.50
UNITEDHEALTHCARE SE	689.04	111.26	800.30	1718.42	277.58	1996.00
WEA TRUST EAST	689.04	76.66	765.70	1718.42	191.08	1909.50
³ STANDARD PLAN - WAUKESHA	689.04	317.86	1006.90	1718.42	793.88	2512.30

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KEWAUNEE						
ARISE HEALTH PLAN	696.81	204.39	901.20	1737.82	510.38	2248.20
NETWORK HEALTH PLAN	696.81	11.79	708.60	1737.82	28.88	1766.70
WEA TRUST EAST	696.81	68.89	765.70	1737.82	171.68	1909.50
³ ANTHEM BCBS NORTHEAST	696.81	229.59	926.40	1737.82	573.38	2311.20
* HUMANA EASTERN	696.81	349.29	1046.10	1737.82	872.68	2610.50
* UNITEDHEALTHCARE NE	696.81	65.09	761.90	1737.82	162.18	1900.00
³ STANDARD PLAN - BALANCE OF STATE	696.81	310.09	1006.90	1737.82	774.48	2512.30
LACROSSE						
GUNDERSEN LUTHERAN HEALTH PLAN	627.44	98.56	726.00	1564.38	245.82	1810.20
HEALTH TRADITION	627.44	72.56	700.00	1564.38	180.82	1745.20
³ STANDARD PLAN - DANE	627.44	307.76	935.20	1564.38	768.82	2333.20
LAFAYETTE						
DEAN HEALTH PLAN	583.22	33.28	616.50	1453.85	82.65	1536.50
MEDICAL ASSOCIATES HEALTH PLAN	583.22	125.78	709.00	1453.85	313.85	1767.70
* UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
* PHYSICIANS PLUS	578.10	0.00	578.10	1440.50	0.00	1440.50
³ STANDARD PLAN - BALANCE OF STATE	583.22	423.68	1006.90	1453.85	1058.45	2512.30
LANGLADE						
ARISE HEALTH PLAN	733.44	167.76	901.20	1829.39	418.81	2248.20
³ SECURITY HEALTH PLAN	733.44	330.06	1063.50	1829.39	824.61	2654.00
WEA TRUST EAST	733.44	32.26	765.70	1829.39	80.11	1909.50
³ STANDARD PLAN - BALANCE OF STATE	733.44	273.46	1006.90	1829.39	682.91	2512.30
LINCOLN						
³ SECURITY HEALTH PLAN	673.82	389.68	1063.50	1680.36	973.64	2654.00
WEA TRUST EAST	673.82	91.88	765.70	1680.36	229.14	1909.50
* ARISE HEALTH PLAN	673.82	227.38	901.20	1680.36	567.84	2248.20
³ STANDARD PLAN - BALANCE OF STATE	673.82	333.08	1006.90	1680.36	831.94	2512.30
MANITOWOC						
³ ANTHEM BCBS NORTHEAST	690.23	236.17	926.40	1721.37	589.83	2311.20
³ HUMANA EASTERN	690.23	355.87	1046.10	1721.37	889.13	2610.50
ARISE HEALTH PLAN	690.23	210.97	901.20	1721.37	526.83	2248.20
NETWORK HEALTH PLAN	690.23	18.37	708.60	1721.37	45.33	1766.70
WEA TRUST EAST	690.23	75.47	765.70	1721.37	188.13	1909.50
UNITEDHEALTHCARE NE	690.23	71.67	761.90	1721.37	178.63	1900.00
³ STANDARD PLAN - BALANCE OF STATE	690.23	316.67	1006.90	1721.37	790.93	2512.30

2013 Premiums - Wisconsin Public Employers

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

Coinsurance HMO - Standard PPO - P06 88% of the Tier 1 Qualified Plans' Average Premium

	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
MARATHON						
ARISE HEALTH PLAN	733.44	167.76	901.20	1829.39	418.81	2248.20
³ SECURITY HEALTH PLAN	733.44	330.06	1063.50	1829.39	824.61	2654.00
WEA TRUST EAST	733.44	32.26	765.70	1829.39	80.11	1909.50
* HEALTHPARTNERS	733.44	67.36	800.80	1829.39	167.81	1997.20
³ STANDARD PLAN - BALANCE OF STATE	733.44	273.46	1006.90	1829.39	682.91	2512.30
MARINETTE						
³ ANTHEM BCBS NORTHEAST	712.45	213.95	926.40	1776.93	534.27	2311.20
³ HUMANA EASTERN	712.45	333.65	1046.10	1776.93	833.57	2610.50
ARISE HEALTH PLAN	712.45	188.75	901.20	1776.93	471.27	2248.20
WEA TRUST EAST	712.45	53.25	765.70	1776.93	132.57	1909.50
UNITEDHEALTHCARE NE	712.45	49.45	761.90	1776.93	123.07	1900.00
³ STANDARD PLAN - BALANCE OF STATE	712.45	294.45	1006.90	1776.93	735.37	2512.30
MARQUETTE						
* UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
* NETWORK HEALTH PLAN	591.27	117.33	708.60	1474.00	292.70	1766.70
PHYSICIANS PLUS	578.10	0.00	578.10	1440.50	0.00	1440.50
WEA TRUST EAST	591.27	174.43	765.70	1474.00	435.50	1909.50
* UNITEDHEALTHCARE NE	591.27	170.63	761.90	1474.00	426.00	1900.00
³ STANDARD PLAN - BALANCE OF STATE	591.27	415.63	1006.90	1474.00	1038.30	2512.30
MENOMINEE						
* WEA TRUST EAST	625.42	140.28	765.70	1559.71	349.79	1909.50
³ STANDARD PLAN - BALANCE OF STATE	625.42	381.48	1006.90	1559.71	952.59	2512.30
STATE MAINTENANCE PLAN	625.42	85.28	710.70	1559.71	212.69	1772.40
MILWAUKEE						
³ ANTHEM BCBS SOUTHEAST	689.04	333.86	1022.90	1718.42	834.08	2552.50
³ HUMANA EASTERN	689.04	357.06	1046.10	1718.42	892.08	2610.50
UNITEDHEALTHCARE SE	689.04	111.26	800.30	1718.42	277.58	1996.00
³ WPS METRO CHOICE SE	689.04	495.66	1184.70	1718.42	1238.58	2957.00
WEA TRUST EAST	689.04	76.66	765.70	1718.42	191.08	1909.50
³ STANDARD PLAN - MILWAUKEE	689.04	399.16	1088.20	1718.42	997.08	2715.50
MONROE						
GUNDENSEN LUTHERAN HEALTH PLAN	627.44	98.56	726.00	1564.38	245.82	1810.20
HEALTH TRADITION	627.44	72.56	700.00	1564.38	180.82	1745.20
³ STANDARD PLAN - BALANCE OF STATE	627.44	379.46	1006.90	1564.38	947.92	2512.30

2013 Premiums - Wisconsin Public Employers

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

Coinsurance HMO - Standard PPO - P06 88% of the Tier 1 Qualified Plans' Average Premium

	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
OCONTO						
³ ANTHEM BCBS NORTHEAST	696.81	229.59	926.40	1737.82	573.38	2311.20
³ HUMANA EASTERN	696.81	349.29	1046.10	1737.82	872.68	2610.50
ARISE HEALTH PLAN	696.81	204.39	901.20	1737.82	510.38	2248.20
NETWORK HEALTH PLAN	696.81	11.79	708.60	1737.82	28.88	1766.70
WEA TRUST EAST	696.81	68.89	765.70	1737.82	171.68	1909.50
* UNITEDHEALTHCARE NE	696.81	65.09	761.90	1737.82	162.18	1900.00
³ STANDARD PLAN - BALANCE OF STATE	696.81	310.09	1006.90	1737.82	774.48	2512.30
ONEIDA						
³ SECURITY HEALTH PLAN	625.42	438.08	1063.50	1559.71	1094.29	2654.00
* ARISE HEALTH PLAN	625.42	275.78	901.20	1559.71	688.49	2248.20
³ STANDARD PLAN - BALANCE OF STATE	625.42	381.48	1006.90	1559.71	952.59	2512.30
STATE MAINTENANCE PLAN	710.70	0.00	710.70	1772.40	0.00	1772.40
OUTAGAMIE						
³ ANTHEM BCBS NORTHEAST	690.23	236.17	926.40	1721.37	589.83	2311.20
³ HUMANA EASTERN	690.23	355.87	1046.10	1721.37	889.13	2610.50
ARISE HEALTH PLAN	690.23	210.97	901.20	1721.37	526.83	2248.20
NETWORK HEALTH PLAN	690.23	18.37	708.60	1721.37	45.33	1766.70
WEA TRUST EAST	690.23	75.47	765.70	1721.37	188.13	1909.50
UNITEDHEALTHCARE NE	690.23	71.67	761.90	1721.37	178.63	1900.00
³ STANDARD PLAN - BALANCE OF STATE	690.23	316.67	1006.90	1721.37	790.93	2512.30
OZAUKEE						
³ ANTHEM BCBS SOUTHEAST	689.04	333.86	1022.90	1718.42	834.08	2552.50
³ HUMANA EASTERN	689.04	357.06	1046.10	1718.42	892.08	2610.50
UNITEDHEALTHCARE SE	689.04	111.26	800.30	1718.42	277.58	1996.00
³ WPS METRO CHOICE SE	689.04	495.66	1184.70	1718.42	1238.58	2957.00
WEA TRUST EAST	689.04	76.66	765.70	1718.42	191.08	1909.50
³ STANDARD PLAN - WAUKESHA	689.04	317.86	1006.90	1718.42	793.88	2512.30
PEPIN						
* HUMANA WESTERN	625.42	420.68	1046.10	1559.71	1050.79	2610.50
* SECURITY HEALTH PLAN	625.42	438.08	1063.50	1559.71	1094.29	2654.00
* WEA TRUST NORTHWEST	625.42	176.98	802.40	1559.71	441.49	2001.20
³ STANDARD PLAN - BALANCE OF STATE	625.42	381.48	1006.90	1559.71	952.59	2512.30
STATE MAINTENANCE PLAN	625.42	85.28	710.70	1559.71	212.69	1772.40

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Coinsurance HMO - Standard PPO - P06 88% of the Tier 1 Qualified Plans' Average Premium

	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
PIERCE						
3 ANTHEM BCBS NORTHWEST	768.53	303.77	1072.30	1917.11	758.89	2676.00
HEALTHPARTNERS	768.53	32.27	800.80	1917.11	80.09	1997.20
WEA TRUST NORTHWEST	768.53	33.87	802.40	1917.11	84.09	2001.20
WPS METRO CHOICE NW	768.53	248.27	1016.80	1917.11	620.09	2537.20
* HUMANA WESTERN	768.53	277.57	1046.10	1917.11	693.39	2610.50
3 STANDARD PLAN - BALANCE OF STATE	768.53	238.37	1006.90	1917.11	595.19	2512.30
POLK						
3 ANTHEM BCBS NORTHWEST	768.53	303.77	1072.30	1917.11	758.89	2676.00
HEALTHPARTNERS	768.53	32.27	800.80	1917.11	80.09	1997.20
WEA TRUST NORTHWEST	768.53	33.87	802.40	1917.11	84.09	2001.20
WPS METRO CHOICE NW	768.53	248.27	1016.80	1917.11	620.09	2537.20
* HUMANA WESTERN	768.53	277.57	1046.10	1917.11	693.39	2610.50
3 STANDARD PLAN - DANE	768.53	166.67	935.20	1917.11	416.09	2333.20
PORTAGE						
3 SECURITY HEALTH PLAN	673.82	389.68	1063.50	1680.36	973.64	2654.00
WEA TRUST EAST	673.82	91.88	765.70	1680.36	229.14	1909.50
* ARISE HEALTH PLAN	673.82	227.38	901.20	1680.36	567.84	2248.20
3 STANDARD PLAN - BALANCE OF STATE	673.82	333.08	1006.90	1680.36	831.94	2512.30
PRICE						
3 SECURITY HEALTH PLAN	625.42	438.08	1063.50	1559.71	1094.29	2654.00
3 STANDARD PLAN - BALANCE OF STATE	625.42	381.48	1006.90	1559.71	952.59	2512.30
STATE MAINTENANCE PLAN	625.42	85.28	710.70	1559.71	212.69	1772.40
RACINE						
3 ANTHEM BCBS SOUTHEAST	689.04	333.86	1022.90	1718.42	834.08	2552.50
3 HUMANA EASTERN	689.04	357.06	1046.10	1718.42	892.08	2610.50
UNITEDHEALTHCARE SE	689.04	111.26	800.30	1718.42	277.58	1996.00
3 WPS METRO CHOICE SE	689.04	495.66	1184.70	1718.42	1238.58	2957.00
WEA TRUST EAST	689.04	76.66	765.70	1718.42	191.08	1909.50
3 STANDARD PLAN - WAUKESHA	689.04	317.86	1006.90	1718.42	793.88	2512.30
RICHLAND						
DEAN HEALTH PLAN	550.37	66.13	616.50	1371.73	164.77	1536.50
GUNDERSEN LUTHERAN HEALTH PLAN	550.37	175.63	726.00	1371.73	438.47	1810.20
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
HEALTH TRADITION	550.37	149.63	700.00	1371.73	373.47	1745.20
PHYSICIANS PLUS	550.37	27.73	578.10	1371.73	68.77	1440.50
3 STANDARD PLAN - BALANCE OF STATE	550.37	456.53	1006.90	1371.73	1140.57	2512.30
ROCK						
3 ANTHEM BCBS SOUTHEAST	566.70	456.20	1022.90	1412.58	1139.92	2552.50
DEAN HEALTH PLAN	566.70	49.80	616.50	1412.58	123.92	1536.50
3 HUMANA EASTERN	566.70	479.40	1046.10	1412.58	1197.92	2610.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
MERCYCARE HEALTH PLAN	530.90	0.00	530.90	1322.50	0.00	1322.50
UNITEDHEALTHCARE SE	566.70	233.60	800.30	1412.58	583.42	1996.00
WEA TRUST EAST	566.70	199.00	765.70	1412.58	496.92	1909.50
* PHYSICIANS PLUS	566.70	11.40	578.10	1412.58	27.92	1440.50
3 STANDARD PLAN - BALANCE OF STATE	566.70	440.20	1006.90	1412.58	1099.72	2512.30
RUSK						
3 SECURITY HEALTH PLAN	800.45	263.05	1063.50	1996.90	657.10	2654.00
WEA TRUST NORTHWEST	800.45	1.95	802.40	1996.90	4.30	2001.20
WPS METRO CHOICE NW	800.45	216.35	1016.80	1996.90	540.30	2537.20

2013 Premiums - Wisconsin Public Employers

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Coinsurance HMO - Standard PPO - P06 88% of the Tier 1 Qualified Plans' Average Premium

	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
³ STANDARD PLAN - BALANCE OF STATE	800.45	206.45	1006.90	1996.90	515.40	2512.30
SAUK						
DEAN HEALTH PLAN	550.37	66.13	616.50	1371.73	164.77	1536.50
GUNDERSEN LUTHERAN HEALTH PLAN	550.37	175.63	726.00	1371.73	438.47	1810.20
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
HEALTH TRADITION	550.37	149.63	700.00	1371.73	373.47	1745.20
PHYSICIANS PLUS	550.37	27.73	578.10	1371.73	68.77	1440.50
³ STANDARD PLAN - BALANCE OF STATE	550.37	456.53	1006.90	1371.73	1140.57	2512.30
SAWYER						
GHC EAU CLAIRE	794.02	208.18	1002.20	1980.84	519.86	2500.70
³ SECURITY HEALTH PLAN	794.02	269.48	1063.50	1980.84	673.16	2654.00
WEA TRUST NORTHWEST	794.02	8.38	802.40	1980.84	20.36	2001.20
* HEALTHPARTNERS	794.02	6.78	800.80	1980.84	16.36	1997.20
* WPS METRO CHOICE NW	794.02	222.78	1016.80	1980.84	556.36	2537.20
³ STANDARD PLAN - BALANCE OF STATE	794.02	212.88	1006.90	1980.84	531.46	2512.30
SHAWANO						
³ ANTHEM BCBS NORTHEAST	690.23	236.17	926.40	1721.37	589.83	2311.20
³ HUMANA EASTERN	690.23	355.87	1046.10	1721.37	889.13	2610.50
ARISE HEALTH PLAN	690.23	210.97	901.20	1721.37	526.83	2248.20
NETWORK HEALTH PLAN	690.23	18.37	708.60	1721.37	45.33	1766.70
WEA TRUST EAST	690.23	75.47	765.70	1721.37	188.13	1909.50
UNITEDHEALTHCARE NE	690.23	71.67	761.90	1721.37	178.63	1900.00
³ STANDARD PLAN - BALANCE OF STATE	690.23	316.67	1006.90	1721.37	790.93	2512.30
SHEBOYGAN						
³ ANTHEM BCBS NORTHEAST	690.23	236.17	926.40	1721.37	589.83	2311.20
³ HUMANA EASTERN	690.23	355.87	1046.10	1721.37	889.13	2610.50
ARISE HEALTH PLAN	690.23	210.97	901.20	1721.37	526.83	2248.20
NETWORK HEALTH PLAN	690.23	18.37	708.60	1721.37	45.33	1766.70
WEA TRUST EAST	690.23	75.47	765.70	1721.37	188.13	1909.50
UNITEDHEALTHCARE NE	690.23	71.67	761.90	1721.37	178.63	1900.00
³ STANDARD PLAN - BALANCE OF STATE	690.23	316.67	1006.90	1721.37	790.93	2512.30
ST. CROIX						
³ ANTHEM BCBS NORTHWEST	806.54	265.76	1072.30	2012.14	663.86	2676.00
HUMANA WESTERN	806.54	239.56	1046.10	2012.14	598.36	2610.50
HEALTHPARTNERS	800.80	0.00	800.80	1997.20	0.00	1997.20
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
WPS METRO CHOICE NW	806.54	210.26	1016.80	2012.14	525.06	2537.20
³ STANDARD PLAN - DANE	806.54	128.66	935.20	2012.14	321.06	2333.20
TAYLOR						
ARISE HEALTH PLAN	733.44	167.76	901.20	1829.39	418.81	2248.20
³ SECURITY HEALTH PLAN	733.44	330.06	1063.50	1829.39	824.61	2654.00
WEA TRUST EAST	733.44	32.26	765.70	1829.39	80.11	1909.50
³ STANDARD PLAN - BALANCE OF STATE	733.44	273.46	1006.90	1829.39	682.91	2512.30
TREMPEALEAU						
GUNDERSEN LUTHERAN HEALTH PLAN	672.50	53.50	726.00	1677.02	133.18	1810.20
WEA TRUST NORTHWEST	672.50	129.90	802.40	1677.02	324.18	2001.20
* HEALTH TRADITION	672.50	27.50	700.00	1677.02	68.18	1745.20
³ STANDARD PLAN - BALANCE OF STATE	672.50	334.40	1006.90	1677.02	835.28	2512.30
VERNON						
GUNDERSEN LUTHERAN HEALTH PLAN	566.87	159.13	726.00	1412.96	397.24	1810.20
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50

2013 Premiums - Wisconsin Public Employers

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

Coinsurance HMO - Standard PPO - P06 88% of the Tier 1 Qualified Plans' Average Premium

	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
HEALTH TRADITION	566.87	133.13	700.00	1412.96	332.24	1745.20
* DEAN HEALTH PLAN	566.87	49.63	616.50	1412.96	123.54	1536.50
³ STANDARD PLAN - BALANCE OF STATE	566.87	440.03	1006.90	1412.96	1099.34	2512.30
VILAS						
³ SECURITY HEALTH PLAN	625.42	438.08	1063.50	1559.71	1094.29	2654.00
* ARISE HEALTH PLAN	625.42	275.78	901.20	1559.71	688.49	2248.20
³ STANDARD PLAN - BALANCE OF STATE	625.42	381.48	1006.90	1559.71	952.59	2512.30
STATE MAINTENANCE PLAN	710.70	0.00	710.70	1772.40	0.00	1772.40

2013 Premiums - Wisconsin Public Employers

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Coinsurance HMO - Standard PPO - P06 88% of the Tier 1 Qualified Plans' Average Premium

	Single 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	572.75	450.15	1022.90	1427.69	1124.81	2552.50
³ HUMANA EASTERN	572.75	473.35	1046.10	1427.69	1182.81	2610.50
UNITY COMMUNITY	506.50	0.00	506.50	1261.50	0.00	1261.50
MERCYCARE HEALTH PLAN	530.90	0.00	530.90	1322.50	0.00	1322.50
UNITEDHEALTHCARE SE	572.75	227.55	800.30	1427.69	568.31	1996.00
WEA TRUST EAST	572.75	192.95	765.70	1427.69	481.81	1909.50
* DEAN HEALTH PLAN	572.75	43.75	616.50	1427.69	108.81	1536.50
³ STANDARD PLAN - BALANCE OF STATE	572.75	434.15	1006.90	1427.69	1084.61	2512.30
WASHBURN						
³ ANTHEM BCBS NORTHWEST	827.61	244.69	1072.30	2064.80	611.20	2676.00
GHC EAU CLAIRE	827.61	174.59	1002.20	2064.80	435.90	2500.70
³ SECURITY HEALTH PLAN	827.61	235.89	1063.50	2064.80	589.20	2654.00
WEA TRUST NORTHWEST	802.40	0.00	802.40	2001.20	0.00	2001.20
WPS METRO CHOICE NW	827.61	189.19	1016.80	2064.80	472.40	2537.20
* GUNDERSEN LUTHERAN HEALTH PLAN	726.00	0.00	726.00	1810.20	0.00	1810.20
* HEALTHPARTNERS	800.80	0.00	800.80	1997.20	0.00	1997.20
³ STANDARD PLAN - BALANCE OF STATE	827.61	179.29	1006.90	2064.80	447.50	2512.30
WASHINGTON						
³ ANTHEM BCBS SOUTHEAST	689.04	333.86	1022.90	1718.42	834.08	2552.50
³ HUMANA EASTERN	689.04	357.06	1046.10	1718.42	892.08	2610.50
UNITEDHEALTHCARE SE	689.04	111.26	800.30	1718.42	277.58	1996.00
³ WPS METRO CHOICE SE	689.04	495.66	1184.70	1718.42	1238.58	2957.00
WEA TRUST EAST	689.04	76.66	765.70	1718.42	191.08	1909.50
³ STANDARD PLAN - WAUKESHA	689.04	317.86	1006.90	1718.42	793.88	2512.30
WAUKESHA						
³ ANTHEM BCBS SOUTHEAST	689.04	333.86	1022.90	1718.42	834.08	2552.50
* DEAN HEALTH PLAN	616.50	0.00	616.50	1536.50	0.00	1536.50
³ HUMANA EASTERN	689.04	357.06	1046.10	1718.42	892.08	2610.50
UNITEDHEALTHCARE SE	689.04	111.26	800.30	1718.42	277.58	1996.00
³ WPS METRO CHOICE SE	689.04	495.66	1184.70	1718.42	1238.58	2957.00
WEA TRUST EAST	689.04	76.66	765.70	1718.42	191.08	1909.50
³ STANDARD PLAN - WAUKESHA	689.04	317.86	1006.90	1718.42	793.88	2512.30

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Coinsurance HMO - Standard PPO - P06 88% of the Tier 1 Qualified Plans' Average Premium

	Single Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WAUPACA						
³ ANTHEM BCBS NORTHEAST	690.23	236.17	926.40	1721.37	589.83	2311.20
³ HUMANA EASTERN	690.23	355.87	1046.10	1721.37	889.13	2610.50
ARISE HEALTH PLAN	690.23	210.97	901.20	1721.37	526.83	2248.20
NETWORK HEALTH PLAN	690.23	18.37	708.60	1721.37	45.33	1766.70
³ SECURITY HEALTH PLAN	690.23	373.27	1063.50	1721.37	932.63	2654.00
WEA TRUST EAST	690.23	75.47	765.70	1721.37	188.13	1909.50
UNITEDHEALTHCARE NE	690.23	71.67	761.90	1721.37	178.63	1900.00
³ STANDARD PLAN - BALANCE OF STATE	690.23	316.67	1006.90	1721.37	790.93	2512.30
WAUSHARA						
³ ANTHEM BCBS NORTHEAST	619.15	307.25	926.40	1543.67	767.53	2311.20
³ HUMANA EASTERN	619.15	426.95	1046.10	1543.67	1066.83	2610.50
NETWORK HEALTH PLAN	619.15	89.45	708.60	1543.67	223.03	1766.70
³ SECURITY HEALTH PLAN	619.15	444.35	1063.50	1543.67	1110.33	2654.00
WEA TRUST EAST	619.15	146.55	765.70	1543.67	365.83	1909.50
PHYSICIANS PLUS	578.10	0.00	578.10	1440.50	0.00	1440.50
UNITEDHEALTHCARE NE	619.15	142.75	761.90	1543.67	356.33	1900.00
³ STANDARD PLAN - BALANCE OF STATE	619.15	387.75	1006.90	1543.67	968.63	2512.30
WINNEBAGO						
³ ANTHEM BCBS NORTHEAST	655.95	270.45	926.40	1635.69	675.51	2311.20
³ HUMANA EASTERN	655.95	390.15	1046.10	1635.69	974.81	2610.50
NETWORK HEALTH PLAN	655.95	52.65	708.60	1635.69	131.01	1766.70
WEA TRUST EAST	655.95	109.75	765.70	1635.69	273.81	1909.50
UNITEDHEALTHCARE NE	655.95	105.95	761.90	1635.69	264.31	1900.00
* ARISE HEALTH PLAN	655.95	245.25	901.20	1635.69	612.51	2248.20
³ STANDARD PLAN - BALANCE OF STATE	655.95	350.95	1006.90	1635.69	876.61	2512.30
WOOD						
ARISE HEALTH PLAN	733.44	167.76	901.20	1829.39	418.81	2248.20
³ SECURITY HEALTH PLAN	733.44	330.06	1063.50	1829.39	824.61	2654.00
WEA TRUST EAST	733.44	32.26	765.70	1829.39	80.11	1909.50
³ STANDARD PLAN - BALANCE OF STATE	733.44	273.46	1006.90	1829.39	682.91	2512.30