

Employee Trust Funds
Group Health Insurance

WPE TRADITIONAL HMO/CLASSIC STANDARD PLAN PGM OPT P02 & SRCHG S01 2009 MONTHLY COVERAGE REPORT

Employer No. (EIN) 69-036-	Deduction Month	Coverage Month	Suffix
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Employer Name	Group No.
Single Contracts	Family Contracts

1. Contracts in Effect Last Month:		
2. Additions Report: (+)		
3. Deletions Report: (-)		
4. Changes Report: "To" (+)		
5. Changes Report "From": (-)		
6. Contracts in Effect This Month:		
7. <u>Plan</u>	<u>Suffix</u>	
Standard – Dane	.A1	860.50
Standard – Milwaukee	.A2	1004.30
Standard – Waukesha	.A3	928.50
Standard – Balance of State	.A4	928.50
State Maintenance Plan (SMP)	.A5	617.50
Anthem BCBS Southeast	.11	1039.60
Anthem BCBS Northwest	.13	759.50
Anthem BCBS Northeast	.14	1039.60
Dean Health Plan	.15	460.00
Humana – Eastern	.21	875.20
Humana - Western	.22	760.20
GHC - Eau Claire	.30	737.40
GHC - South Central	.35	474.40
Gundersen Lutheran	.37	658.30
Unity – Community	.40	447.50
Arise Health Plan	.47	604.40
Health Tradition	.55	633.30
Medical Associates HMO	.63	512.10
MercyCare Health Plan	.64	460.80
Network Health Plan	.70	547.20
Security Health Plan	.71	930.80
Physicians Plus – Meriter & UW	.74	466.90
WPS Metro Choice	.84	853.10
UnitedHealthcare – Southeast	.83	636.50
Unity - UW Health	.92	451.50
UnitedHealthcare – Northeast	.94	585.10
8. Subtotals (No. of Contracts x Premiums)	8a	8b

A. Employee Share = _____ ** B. Employer Share = _____ ** C. Total* (Lines A + B) = _____ **	(Line 8a + Line 8b) 9. Subtotal 10. Adjustments (Line 9 + Line 10) 11. Grand Total*
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* NOTE: Figure entered on line C must equal figure entered on line 11.

** NOTE: Figure entered must correspond to this plan's entry on the summary.

Date (MM/DD/CCYY)	Prepared By	Telephone
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Check the type of employer contribution: Tiering 105%