

Employee Trust Funds  
Group Health Insurance

**WPE ANNUITANTS DEDUCTIBLE HMO/  
DEDUCTIBLE STANDARD PPP  
PGM OPT P05 & SRCHG S01  
2009 MONTHLY COVERAGE REPORT**

Employer No. (EIN) 69-036-		Deduction Month		Coverage Month		Suffix
Employer Name					Group No.	
Single Contracts	Family Contracts	Single Med. Eligible	Family 2 Med. Eligible	Family 1 Med. Eligible		
<b>1. Contracts in Effect Last Month:</b>						
2. Additions Report: (+)						
3. Deletions Report: (-)						
4. Changes Report: "To" (+)						
5. Changes Report "From": (-)						
<b>6. Contracts in Effect This Month:</b>						
<b>7. Plan</b>		<b>Suffix</b>				
Standard – Dane PPP		.C1	727.10	1813.90	366.20	1093.30
Standard – Milwaukee PPP		.C2	843.20	2104.10	366.20	1209.30
Standard – Waukesha PPP		.C3	782.00	1951.20	366.20	1148.20
Standard – Balance of State PPP		.C4	782.00	1951.20	366.20	1148.20
State Maintenance Plan (SMP)		.A5	564.60	1408.00	N/A	N/A
Anthem BCBS Southeast		.11	923.50	2305.00	650.10	1571.10
Anthem BCBS Blue Northwest		.13	685.60	1710.30	531.20	1214.30
Anthem BCBS Northeast		.14	923.50	2305.00	650.10	1571.10
Dean Health Plan		.15	413.50	1030.00	395.10	806.10
Humana – Eastern		.21	794.70	1983.00	418.80	1211.00
Humana - Western		.22	691.30	1724.50	418.80	1107.60
GHC - Eau Claire		.30	677.50	1690.00	513.80	1188.80
GHC - South Central		.35	446.20	1111.80	425.60	869.30
Gundersen Lutheran		.37	617.30	1539.50	517.50	1132.30
Unity – Community		.40	421.30	1049.50	399.00	817.80
Arise Health Plan		.47	551.00	1373.80	463.80	1012.30
Health Tradition		.55	565.90	1411.00	468.40	1031.80
Medical Associates HMO		.63	459.30	1144.50	358.40	815.20
MercyCare Health Plan		.64	422.00	1051.30	399.40	818.90
Network Health Plan		.70	494.80	1233.30	435.80	928.10
Security Health Plan		.71	844.90	2108.50	467.90	1310.30
Physicians Plus – Meriter & UW		.74	419.50	1045.00	398.10	815.10
UnitedHealthcare – Southeast		.83	579.20	1444.30	478.00	1054.70
WPS Metro Choice		.84	774.90	1933.50	575.80	1348.20
Unity - UW Health		.92	425.00	1058.80	400.90	823.40
UnitedHealthcare - Northeast		.94	533.60	1330.30	455.20	986.30
<b>8. Subtotals (No. of Contracts x Premiums)</b>			8a	8b	8c	8d
<b>A. Employee Share =</b>			**	<b>9. Subtotal</b>		
<b>B. Employer Share =</b>			**	<b>10. Adjustments</b>		
<b>C. Total* (Lines A + B) =</b>			**	(Line 9 + Line 10)		
				<b>11. Grand Total*</b>		

\* 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
-------------------	-------------	-----------

Check the type of employer contribution:  Tiering  105%