

Employee Trust Funds
Group Health Insurance

**WPE 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	

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. Plan	Suffix	
Standard – Dane PPP	.C1	727.10
Standard – Milwaukee PPP	.C2	843.20
Standard – Waukesha PPP	.C3	782.00
Standard – Balance of State PPP	.C4	782.00
State Maintenance Plan (SMP)	.A5	564.60
Anthem BCBS Southeast	.11	923.50
Anthem BCBS Northwest	.13	685.60
Anthem BCBS Northeast	.14	923.50
Dean Health Plan	.15	413.50
Humana – Eastern	.21	794.70
Humana - Western	.22	691.30
GHC - Eau Claire	.30	677.50
GHC - South Central	.35	446.20
Gundersen Lutheran	.37	617.30
Unity – Community	.40	421.30
Arise Health Plan	.47	551.00
Health Tradition	.55	565.90
Medical Associates HMO	.63	459.30
MercyCare Health Plan	.64	422.00
Network Health Plan	.70	494.80
Security Health Plan	.71	844.90
Physicians Plus – Meriter & UW	.74	419.50
UnitedHealthcare – Southeast	.83	579.20
WPS Metro Choice	.84	774.90
Unity - UW Health	.92	425.00
UnitedHealthcare - Northeast	.94	533.60
8. Subtotals (No. of Contracts x Premiums)	8a	8b

A. Employee Share =	**	(Line 8a + Line 8b)
B. Employer Share =	**	9. Subtotal
C. Total* (Lines A + B) =	**	10. Adjustments
		(Line 9 + Line 10)
		11. Grand Total*

* 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%