Employee Trust Funds
Group Health Insurance

Employer No. (EIN)	Deduction Month	Coverage Month	Suffix
69-036-			

Employer Name	Group No.

STATE EMPLOYEES
PGM OPT P01 & SRCHG S01
2005 MONTHLY COVERAGE REPORT

		Single Contracts	Family Contracts	Grad. Asst. Single Contracts	Grad. Asst. 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 Plan	.01	762.60	1862.40	579.30	1404.20
State Maintenance Plan (SMP)	.05	481.70	1165.30	372.70	931.90
CompcareBlue Southeast	.11	474.50	1182.80	356.50	887.80
CompcareBlue Northwest	.13	484.70	1208.30	364.10	906.80
CompcareBlue Northeast	.14	485.90	1211.30	365.00	909.10
Dean Health Plan	.15	406.70	1013.30	305.60	760.60
CompcareBlue – Aurora/Family	.16	379.20	944.50	285.00	709.10
Humana – Eastern	.21	530.60	1323.10	398.60	993.10
Humana – Western	.22	498.20	1242.10	374.30	932.30
GHC - Eau Claire	.30	507.50	1265.30	381.20	949.60
GHC - South Central	.35	391.00	974.10	293.90	731.30
Gundersen Lutheran	.37	473.20	1179.60	355.50	885.40
Atrium Health Plan	.39	452.20	1127.00	339.80	846.00
Unity – Community	.40	481.30	1199.80	361.60	900.60
Prevea Health Plan	.47	471.50	1175.30	354.20	882.10
Health Tradition	.55	496.30	1237.30	372.80	928.60
Medical Associates HMO	.63	424.40	1057.50	318.90	793.80
MercyCare Health Plan	.64	372.30	927.30	279.80	696.10
Valley Health Plan	.65	496.40	1223.30	355.80	871.60
Network - Fox Valley	.70	439.30	1094.80	330.10	821.80
Physicians Plus	.74	411.00	1024.10	308.90	768.80
Unity - UW Health	.92	391.10	974.30	293.90	731.30
UnitedHealthcare	.94	412.00	1026.50	309.60	770.60
8. Subtotals (No. of Contracts x Premiums)		8a	8b	8c	8d

A. Employee Share = _____ **	(8a + 8b + 8c + 8d) **9. Subtotal**
B. Employer Share = _____ **	**10. Adjustments**
C. Total * (Lines A + B) = _____ **	(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