2013 Wisconsin Public Employers - Employer Share of Premiums

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

LCQP

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Individual 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	522.59	60.51	583.10	1301.48	151.52	1453.00
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
3	SECURITY HEALTH PLAN	522.59	489.51	1012.10	1301.48	1224.02	2525.50
	WEA TRUST EAST	522.59	221.71	744.30	1301.48	554.52	1856.00
	PHYSICIANS PLUS	522.59	29.61	552.20	1301.48	74.22	1375.70
3	STANDARD PLAN - BALANCE OF STATE	522.59	424.81	947.40	1301.48	1061.92	2363.40
ASHLAND							
3	ANTHEM BCBS NORTHWEST	818.79	180.81	999.60	2041.94	452.26	2494.20
	GHC EAU CLAIRE	818.79	144.71	963.50	2041.94	362.06	2404.00
3	SECURITY HEALTH PLAN	818.79	193.31	1012.10	2041.94	483.56	2525.50
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
*	HEALTHPARTNERS	785.70	0.00	785.70	1959.50	0.00	1959.50
3	STANDARD PLAN - BALANCE OF STATE	818.79	128.61	947.40	2041.94	321.46	2363.40
BARRON							
	HUMANA WESTERN	818.79	182.21	1001.00	2041.94	455.76	2497.70
3	SECURITY HEALTH PLAN	818.79	193.31	1012.10	2041.94	483.56	2525.50
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
	WPS METRO CHOICE NW	818.79	177.51	996.30	2041.94	444.06	2486.00
*	GUNDERSEN LUTHERAN HEALTH PLAN	712.60	0.00	712.60	1776.70	0.00	1776.70
3	STANDARD PLAN - BALANCE OF STATE	818.79	128.61	947.40	2041.94	321.46	2363.40
BAYFIELD							
*	ANTHEM BCBS NORTHWEST	718.31	281.29	999.60	1790.99	703.21	2494.20
*	GHC EAU CLAIRE	718.31	245.19	963.50	1790.99	613.01	2404.00
*	SECURITY HEALTH PLAN	718.31	293.79	1012.10	1790.99	734.51	2525.50
*	HEALTHPARTNERS	718.31	67.39	785.70	1790.99	168.51	1959.50
*	WEA TRUST NORTHWEST	718.31	61.49	779.80	1790.99	153.71	1944.70
3	STANDARD PLAN - BALANCE OF STATE	718.31	229.09	947.40	1790.99	572.41	2363.40
	STATE MAINTENANCE PLAN	684.10	0.00	684.10	1705.70	0.00	1705.70
BROWN							
3	ANTHEM BCBS NORTHEAST	695.84	168.56	864.40	1734.60	421.60	2156.20
3	HUMANA EASTERN	695.84	305.16	1001.00	1734.60	763.10	2497.70
	ARISE HEALTH PLAN	695.84	188.16	884.00	1734.60	470.60	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	695.84	48.46	744.30	1734.60	121.40	1856.00
	UNITEDHEALTHCARE NE	695.84	29.96	725.80	1734.60	75.10	1809.70
3	STANDARD PLAN - BALANCE OF STATE	695.84	251.56	947.40	1734.60	628.80	2363.40
BUFFALO							
*	HEALTH TRADITION	687.10	0.00	687.10	1713.00	0.00	1713.00
*	WEA TRUST NORTHWEST	718.31	61.49	779.80	1790.99	153.71	1944.70
3	STANDARD PLAN - BALANCE OF STATE	718.31	229.09	947.40	1790.99	572.41	2363.40
	STATE MAINTENANCE PLAN	684.10	0.00	684.10	1705.70	0.00	1705.70

2013 Wisconsin Public Employers - Employer Share of Premiums

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

LCQP

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
BURNETT							
	GHC EAU CLAIRE	818.79	144.71	963.50	2041.94	362.06	2404.00
	HEALTHPARTNERS	785.70	0.00	785.70	1959.50	0.00	1959.50
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
	WPS METRO CHOICE NW	818.79	177.51	996.30	2041.94	444.06	2486.00
*	ANTHEM BCBS NORTHWEST	818.79	180.81	999.60	2041.94	452.26	2494.20
3	STANDARD PLAN - BALANCE OF STATE	818.79	128.61	947.40	2041.94	321.46	2363.40
CALUMET							
3	ANTHEM BCBS NORTHEAST	695.84	168.56	864.40	1734.60	421.60	2156.20
3	HUMANA EASTERN	695.84	305.16	1001.00	1734.60	763.10	2497.70
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	UNITEDHEALTHCARE NE	695.84	29.96	725.80	1734.60	75.10	1809.70
*	ARISE HEALTH PLAN	695.84	188.16	884.00	1734.60	470.60	2205.20
*	WEA TRUST EAST	695.84	48.46	744.30	1734.60	121.40	1856.00
3	STANDARD PLAN - BALANCE OF STATE	695.84	251.56	947.40	1734.60	628.80	2363.40
CHIPPEWA							
	HUMANA WESTERN	748.23	252.77	1001.00	1865.54	632.16	2497.70
	GUNDERSEN LUTHERAN HEALTH PLAN	712.60	0.00	712.60	1776.70	0.00	1776.70
3	SECURITY HEALTH PLAN	748.23	263.87	1012.10	1865.54	659.96	2525.50
	WEA TRUST NORTHWEST	748.23	31.57	779.80	1865.54	79.16	1944.70
	WPS METRO CHOICE NW	748.23	248.07	996.30	1865.54	620.46	2486.00
3	STANDARD PLAN - BALANCE OF STATE	748.23	199.17	947.40	1865.54	497.86	2363.40
CLARK							
	GUNDERSEN LUTHERAN HEALTH PLAN	712.60	0.00	712.60	1776.70	0.00	1776.70
3	SECURITY HEALTH PLAN	748.23	263.87	1012.10	1865.54	659.96	2525.50
	WEA TRUST NORTHWEST	748.23	31.57	779.80	1865.54	79.16	1944.70
*	ARISE HEALTH PLAN	748.23	135.77	884.00	1865.54	339.66	2205.20
3	STANDARD PLAN - BALANCE OF STATE	748.23	199.17	947.40	1865.54	497.86	2363.40
COLUMBIA							
	DEAN HEALTH PLAN	522.59	60.51	583.10	1301.48	151.52	1453.00
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	PHYSICIANS PLUS	522.59	29.61	552.20	1301.48	74.22	1375.70
	WEA TRUST EAST	522.59	221.71	744.30	1301.48	554.52	1856.00
3	STANDARD PLAN - BALANCE OF STATE	522.59	424.81	947.40	1301.48	1061.92	2363.40
CRAWFORD							
	GUNDERSEN LUTHERAN HEALTH PLAN	712.60	0.00	712.60	1776.70	0.00	1776.70
	HEALTH TRADITION	687.10	0.00	687.10	1713.00	0.00	1713.00
*	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
*	MEDICAL ASSOCIATES HEALTH PLAN	663.90	0.00	663.90	1655.00	0.00	1655.00
3	STANDARD PLAN - BALANCE OF STATE	721.46	225.94	947.40	1798.65	564.75	2363.40

2013 Wisconsin Public Employers - Employer Share of Premiums

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

LCQP

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
DANE							
	DEAN HEALTH PLAN	498.54	84.56	583.10	1241.31	211.69	1453.00
	GHC-SOUTHCENTRAL WI	498.54	41.06	539.60	1241.31	102.89	1344.20
	PHYSICIANS PLUS	498.54	53.66	552.20	1241.31	134.39	1375.70
	UNITY UW	474.80	0.00	474.80	1182.20	0.00	1182.20
3	STANDARD PLAN - DANE	498.54	382.36	880.90	1241.31	955.79	2197.10
DODGE							
3	ANTHEM BCBS SOUTHEAST	522.59	431.21	953.80	1301.48	1078.22	2379.70
	DEAN HEALTH PLAN	522.59	60.51	583.10	1301.48	151.52	1453.00
3	HUMANA EASTERN	522.59	478.41	1001.00	1301.48	1196.22	2497.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	NETWORK HEALTH PLAN	522.59	140.11	662.70	1301.48	350.52	1652.00
	UNITEDHEALTHCARE SE	522.59	236.41	759.00	1301.48	591.22	1892.70
3	WPS METRO CHOICE SE	522.59	638.11	1160.70	1301.48	1595.52	2897.00
	WEA TRUST EAST	522.59	221.71	744.30	1301.48	554.52	1856.00
*	ARISE HEALTH PLAN	522.59	361.41	884.00	1301.48	903.72	2205.20
3	STANDARD PLAN - BALANCE OF STATE	522.59	424.81	947.40	1301.48	1061.92	2363.40
DOOR							
3	ANTHEM BCBS NORTHEAST	695.84	168.56	864.40	1734.60	421.60	2156.20
3	HUMANA EASTERN	695.84	305.16	1001.00	1734.60	763.10	2497.70
	ARISE HEALTH PLAN	695.84	188.16	884.00	1734.60	470.60	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	UNITEDHEALTHCARE NE	695.84	29.96	725.80	1734.60	75.10	1809.70
	WEA TRUST EAST	695.84	48.46	744.30	1734.60	121.40	1856.00
3	STANDARD PLAN - BALANCE OF STATE	695.84	251.56	947.40	1734.60	628.80	2363.40
DOUGLAS							
3	ANTHEM BCBS NORTHWEST	818.79	180.81	999.60	2041.94	452.26	2494.20
	HUMANA WESTERN	818.79	182.21	1001.00	2041.94	455.76	2497.70
	GHC EAU CLAIRE	818.79	144.71	963.50	2041.94	362.06	2404.00
3	SECURITY HEALTH PLAN	818.79	193.31	1012.10	2041.94	483.56	2525.50
	HEALTHPARTNERS	785.70	0.00	785.70	1959.50	0.00	1959.50
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
3	STANDARD PLAN - BALANCE OF STATE	818.79	128.61	947.40	2041.94	321.46	2363.40
DUNN							
	HUMANA WESTERN	818.79	182.21	1001.00	2041.94	455.76	2497.70
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
	WPS METRO CHOICE NW	818.79	177.51	996.30	2041.94	444.06	2486.00
3	STANDARD PLAN - BALANCE OF STATE	818.79	128.61	947.40	2041.94	321.46	2363.40
EAU CLAIRE							
3	ANTHEM BCBS NORTHWEST	748.23	251.37	999.60	1865.54	628.66	2494.20
	HUMANA WESTERN	748.23	252.77	1001.00	1865.54	632.16	2497.70
	GUNDERSEN LUTHERAN HEALTH PLAN	712.60	0.00	712.60	1776.70	0.00	1776.70
3	SECURITY HEALTH PLAN	748.23	263.87	1012.10	1865.54	659.96	2525.50
	WEA TRUST NORTHWEST	748.23	31.57	779.80	1865.54	79.16	1944.70
	WPS METRO CHOICE NW	748.23	248.07	996.30	1865.54	620.46	2486.00
3	STANDARD PLAN - BALANCE OF STATE	748.23	199.17	947.40	1865.54	497.86	2363.40

2013 Wisconsin Public Employers - Employer Share of Premiums

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

LCQP

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
FLORENCE							
*	ARISE HEALTH PLAN	718.31	165.69	884.00	1790.99	414.21	2205.20
*	WEA TRUST EAST	718.31	25.99	744.30	1790.99	65.01	1856.00
3	STANDARD PLAN - BALANCE OF STATE	718.31	229.09	947.40	1790.99	572.41	2363.40
	STATE MAINTENANCE PLAN	684.10	0.00	684.10	1705.70	0.00	1705.70
FOND DU LAC							
3	ANTHEM BCBS NORTHEAST	522.59	341.81	864.40	1301.48	854.72	2156.20
	DEAN HEALTH PLAN	522.59	60.51	583.10	1301.48	151.52	1453.00
3	HUMANA EASTERN	522.59	478.41	1001.00	1301.48	1196.22	2497.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	ARISE HEALTH PLAN	522.59	361.41	884.00	1301.48	903.72	2205.20
	NETWORK HEALTH PLAN	522.59	140.11	662.70	1301.48	350.52	1652.00
	WEA TRUST EAST	522.59	221.71	744.30	1301.48	554.52	1856.00
	UNITEDHEALTHCARE NE	522.59	203.21	725.80	1301.48	508.22	1809.70
3	STANDARD PLAN - BALANCE OF STATE	522.59	424.81	947.40	1301.48	1061.92	2363.40
FOREST							
*	ARISE HEALTH PLAN	718.31	165.69	884.00	1790.99	414.21	2205.20
*	SECURITY HEALTH PLAN	718.31	293.79	1012.10	1790.99	734.51	2525.50
3	STANDARD PLAN - BALANCE OF STATE	718.31	229.09	947.40	1790.99	572.41	2363.40
	STATE MAINTENANCE PLAN	684.10	0.00	684.10	1705.70	0.00	1705.70
GRANT							
	DEAN HEALTH PLAN	522.59	60.51	583.10	1301.48	151.52	1453.00
	GUNDERSEN LUTHERAN HEALTH PLAN	522.59	190.01	712.60	1301.48	475.22	1776.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	HEALTH TRADITION	522.59	164.51	687.10	1301.48	411.52	1713.00
	MEDICAL ASSOCIATES HEALTH PLAN	522.59	141.31	663.90	1301.48	353.52	1655.00
	PHYSICIANS PLUS	522.59	29.61	552.20	1301.48	74.22	1375.70
3	STANDARD PLAN - DANE	522.59	358.31	880.90	1301.48	895.62	2197.10
GREEN							
	DEAN HEALTH PLAN	522.59	60.51	583.10	1301.48	151.52	1453.00
3	HUMANA EASTERN	522.59	478.41	1001.00	1301.48	1196.22	2497.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
*	MERCYCARE HEALTH PLAN	512.10	0.00	512.10	1275.50	0.00	1275.50
3	STANDARD PLAN - BALANCE OF STATE	522.59	424.81	947.40	1301.48	1061.92	2363.40
GREEN LAKE							
3	ANTHEM BCBS NORTHEAST	695.84	168.56	864.40	1734.60	421.60	2156.20
3	HUMANA EASTERN	695.84	305.16	1001.00	1734.60	763.10	2497.70
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	695.84	48.46	744.30	1734.60	121.40	1856.00
	UNITEDHEALTHCARE NE	695.84	29.96	725.80	1734.60	75.10	1809.70
*	DEAN HEALTH PLAN	583.10	0.00	583.10	1453.00	0.00	1453.00
*	ARISE HEALTH PLAN	695.84	188.16	884.00	1734.60	470.60	2205.20
*	PHYSICIANS PLUS	552.20	0.00	552.20	1375.70	0.00	1375.70
3	STANDARD PLAN - BALANCE OF STATE	695.84	251.56	947.40	1734.60	628.80	2363.40

2013 Wisconsin Public Employers - Employer Share of Premiums

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

LCQP

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
IOWA							
	DEAN HEALTH PLAN	522.59	60.51	583.10	1301.48	151.52	1453.00
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	MEDICAL ASSOCIATES HEALTH PLAN	522.59	141.31	663.90	1301.48	353.52	1655.00
	PHYSICIANS PLUS	522.59	29.61	552.20	1301.48	74.22	1375.70
3	STANDARD PLAN - BALANCE OF STATE	522.59	424.81	947.40	1301.48	1061.92	2363.40
IRON							
*	SECURITY HEALTH PLAN	718.31	293.79	1012.10	1790.99	734.51	2525.50
3	STANDARD PLAN - BALANCE OF STATE	718.31	229.09	947.40	1790.99	572.41	2363.40
	STATE MAINTENANCE PLAN	684.10	0.00	684.10	1705.70	0.00	1705.70
JACKSON							
	GUNDERSEN LUTHERAN HEALTH PLAN	712.60	0.00	712.60	1776.70	0.00	1776.70
	HEALTH TRADITION	687.10	0.00	687.10	1713.00	0.00	1713.00
3	SECURITY HEALTH PLAN	721.46	290.64	1012.10	1798.65	726.85	2525.50
	WEA TRUST NORTHWEST	721.46	58.34	779.80	1798.65	146.05	1944.70
3	STANDARD PLAN - BALANCE OF STATE	721.46	225.94	947.40	1798.65	564.75	2363.40
JEFFERSON							
3	ANTHEM BCBS SOUTHEAST	522.59	431.21	953.80	1301.48	1078.22	2379.70
	DEAN HEALTH PLAN	522.59	60.51	583.10	1301.48	151.52	1453.00
3	HUMANA EASTERN	522.59	478.41	1001.00	1301.48	1196.22	2497.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	MERCYCARE HEALTH PLAN	512.10	0.00	512.10	1275.50	0.00	1275.50
	UNITEDHEALTHCARE SE	522.59	236.41	759.00	1301.48	591.22	1892.70
3	WPS METRO CHOICE SE	522.59	638.11	1160.70	1301.48	1595.52	2897.00
	WEA TRUST EAST	522.59	221.71	744.30	1301.48	554.52	1856.00
*	PHYSICIANS PLUS	522.59	29.61	552.20	1301.48	74.22	1375.70
3	STANDARD PLAN - DANE	522.59	358.31	880.90	1301.48	895.62	2197.10
JUNEAU							
	GUNDERSEN LUTHERAN HEALTH PLAN	522.59	190.01	712.60	1301.48	475.22	1776.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	HEALTH TRADITION	522.59	164.51	687.10	1301.48	411.52	1713.00
	WEA TRUST EAST	522.59	221.71	744.30	1301.48	554.52	1856.00
*	DEAN HEALTH PLAN	522.59	60.51	583.10	1301.48	151.52	1453.00
*	SECURITY HEALTH PLAN	522.59	489.51	1012.10	1301.48	1224.02	2525.50
3	STANDARD PLAN - BALANCE OF STATE	522.59	424.81	947.40	1301.48	1061.92	2363.40
KENOSHA							
3	ANTHEM BCBS SOUTHEAST	781.52	172.28	953.80	1948.80	430.90	2379.70
3	HUMANA EASTERN	781.52	219.48	1001.00	1948.80	548.90	2497.70
	UNITEDHEALTHCARE SE	759.00	0.00	759.00	1892.70	0.00	1892.70
	WEA TRUST EAST	744.30	0.00	744.30	1856.00	0.00	1856.00
3	STANDARD PLAN - WAUKESHA	781.52	165.88	947.40	1948.80	414.60	2363.40

2013 Wisconsin Public Employers - Employer Share of Premiums

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

LCQP

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
KEWAUNEE							
	ARISE HEALTH PLAN	695.84	188.16	884.00	1734.60	470.60	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	695.84	48.46	744.30	1734.60	121.40	1856.00
3	ANTHEM BCBS NORTHEAST	695.84	168.56	864.40	1734.60	421.60	2156.20
*	HUMANA EASTERN	695.84	305.16	1001.00	1734.60	763.10	2497.70
*	UNITEDHEALTHCARE NE	695.84	29.96	725.80	1734.60	75.10	1809.70
3	STANDARD PLAN - BALANCE OF STATE	695.84	251.56	947.40	1734.60	628.80	2363.40
LACROSSE							
	GUNDERSEN LUTHERAN HEALTH PLAN	712.60	0.00	712.60	1776.70	0.00	1776.70
	HEALTH TRADITION	687.10	0.00	687.10	1713.00	0.00	1713.00
3	STANDARD PLAN - DANE	721.46	159.44	880.90	1798.65	398.45	2197.10
LAFAYETTE							
	DEAN HEALTH PLAN	583.10	0.00	583.10	1453.00	0.00	1453.00
	MEDICAL ASSOCIATES HEALTH PLAN	612.26	51.64	663.90	1525.65	129.35	1655.00
*	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
*	PHYSICIANS PLUS	552.20	0.00	552.20	1375.70	0.00	1375.70
3	STANDARD PLAN - BALANCE OF STATE	612.26	335.14	947.40	1525.65	837.75	2363.40
LANGLADE							
	ARISE HEALTH PLAN	781.52	102.48	884.00	1948.80	256.40	2205.20
3	SECURITY HEALTH PLAN	781.52	230.58	1012.10	1948.80	576.70	2525.50
	WEA TRUST EAST	744.30	0.00	744.30	1856.00	0.00	1856.00
3	STANDARD PLAN - BALANCE OF STATE	781.52	165.88	947.40	1948.80	414.60	2363.40
LINCOLN							
3	SECURITY HEALTH PLAN	781.52	230.58	1012.10	1948.80	576.70	2525.50
	WEA TRUST EAST	744.30	0.00	744.30	1856.00	0.00	1856.00
*	ARISE HEALTH PLAN	781.52	102.48	884.00	1948.80	256.40	2205.20
3	STANDARD PLAN - BALANCE OF STATE	781.52	165.88	947.40	1948.80	414.60	2363.40
MANITOWOC							
3	ANTHEM BCBS NORTHEAST	695.84	168.56	864.40	1734.60	421.60	2156.20
3	HUMANA EASTERN	695.84	305.16	1001.00	1734.60	763.10	2497.70
	ARISE HEALTH PLAN	695.84	188.16	884.00	1734.60	470.60	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	695.84	48.46	744.30	1734.60	121.40	1856.00
	UNITEDHEALTHCARE NE	695.84	29.96	725.80	1734.60	75.10	1809.70
3	STANDARD PLAN - BALANCE OF STATE	695.84	251.56	947.40	1734.60	628.80	2363.40
MARATHON							
	ARISE HEALTH PLAN	781.52	102.48	884.00	1948.80	256.40	2205.20
3	SECURITY HEALTH PLAN	781.52	230.58	1012.10	1948.80	576.70	2525.50
	WEA TRUST EAST	744.30	0.00	744.30	1856.00	0.00	1856.00
*	HEALTHPARTNERS	781.52	4.18	785.70	1948.80	10.70	1959.50
3	STANDARD PLAN - BALANCE OF STATE	781.52	165.88	947.40	1948.80	414.60	2363.40

2013 Wisconsin Public Employers - Employer Share of Premiums

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

LCQP

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
MARINETTE							
3	ANTHEM BCBS NORTHEAST	762.09	102.31	864.40	1900.19	256.01	2156.20
3	HUMANA EASTERN	762.09	238.91	1001.00	1900.19	597.51	2497.70
	ARISE HEALTH PLAN	762.09	121.91	884.00	1900.19	305.01	2205.20
	WEA TRUST EAST	744.30	0.00	744.30	1856.00	0.00	1856.00
	UNITEDHEALTHCARE NE	725.80	0.00	725.80	1809.70	0.00	1809.70
3	STANDARD PLAN - BALANCE OF STATE	762.09	185.31	947.40	1900.19	463.21	2363.40
MARQUETTE							
*	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
*	NETWORK HEALTH PLAN	579.81	82.89	662.70	1444.49	207.51	1652.00
	PHYSICIANS PLUS	552.20	0.00	552.20	1375.70	0.00	1375.70
	WEA TRUST EAST	579.81	164.49	744.30	1444.49	411.51	1856.00
*	UNITEDHEALTHCARE NE	579.81	145.99	725.80	1444.49	365.21	1809.70
3	STANDARD PLAN - BALANCE OF STATE	579.81	367.59	947.40	1444.49	918.91	2363.40
MENOMINEE							
*	WEA TRUST EAST	718.31	25.99	744.30	1790.99	65.01	1856.00
3	STANDARD PLAN - BALANCE OF STATE	718.31	229.09	947.40	1790.99	572.41	2363.40
	STATE MAINTENANCE PLAN	684.10	0.00	684.10	1705.70	0.00	1705.70
MILWAUKEE							
3	ANTHEM BCBS SOUTHEAST	781.52	172.28	953.80	1948.80	430.90	2379.70
3	HUMANA EASTERN	781.52	219.48	1001.00	1948.80	548.90	2497.70
	UNITEDHEALTHCARE SE	759.00	0.00	759.00	1892.70	0.00	1892.70
3	WPS METRO CHOICE SE	781.52	379.18	1160.70	1948.80	948.20	2897.00
	WEA TRUST EAST	744.30	0.00	744.30	1856.00	0.00	1856.00
3	STANDARD PLAN - MILWAUKEE	781.52	239.88	1021.40	1948.80	599.60	2548.40
MONROE							
	GUNDERSEN LUTHERAN HEALTH PLAN	712.60	0.00	712.60	1776.70	0.00	1776.70
	HEALTH TRADITION	687.10	0.00	687.10	1713.00	0.00	1713.00
3	STANDARD PLAN - BALANCE OF STATE	721.46	225.94	947.40	1798.65	564.75	2363.40
OCONTO							
3	ANTHEM BCBS NORTHEAST	695.84	168.56	864.40	1734.60	421.60	2156.20
3	HUMANA EASTERN	695.84	305.16	1001.00	1734.60	763.10	2497.70
	ARISE HEALTH PLAN	695.84	188.16	884.00	1734.60	470.60	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	695.84	48.46	744.30	1734.60	121.40	1856.00
*	UNITEDHEALTHCARE NE	695.84	29.96	725.80	1734.60	75.10	1809.70
3	STANDARD PLAN - BALANCE OF STATE	695.84	251.56	947.40	1734.60	628.80	2363.40
ONEIDA							
3	SECURITY HEALTH PLAN	718.31	293.79	1012.10	1790.99	734.51	2525.50
*	ARISE HEALTH PLAN	718.31	165.69	884.00	1790.99	414.21	2205.20
3	STANDARD PLAN - BALANCE OF STATE	718.31	229.09	947.40	1790.99	572.41	2363.40
	STATE MAINTENANCE PLAN	684.10	0.00	684.10	1705.70	0.00	1705.70

2013 Wisconsin Public Employers - Employer Share of Premiums

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

LCQP

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

	Individual Coverage			Family Coverage		
	Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
OUTAGAMIE						
3 ANTHEM BCBS NORTHEAST	695.84	168.56	864.40	1734.60	421.60	2156.20
3 HUMANA EASTERN	695.84	305.16	1001.00	1734.60	763.10	2497.70
ARISE HEALTH PLAN	695.84	188.16	884.00	1734.60	470.60	2205.20
NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
WEA TRUST EAST	695.84	48.46	744.30	1734.60	121.40	1856.00
UNITEDHEALTHCARE NE	695.84	29.96	725.80	1734.60	75.10	1809.70
3 STANDARD PLAN - BALANCE OF STATE	695.84	251.56	947.40	1734.60	628.80	2363.40
OZAUKEE						
3 ANTHEM BCBS SOUTHEAST	781.52	172.28	953.80	1948.80	430.90	2379.70
3 HUMANA EASTERN	781.52	219.48	1001.00	1948.80	548.90	2497.70
UNITEDHEALTHCARE SE	759.00	0.00	759.00	1892.70	0.00	1892.70
3 WPS METRO CHOICE SE	781.52	379.18	1160.70	1948.80	948.20	2897.00
WEA TRUST EAST	744.30	0.00	744.30	1856.00	0.00	1856.00
3 STANDARD PLAN - WAUKESHA	781.52	165.88	947.40	1948.80	414.60	2363.40
PEPIN						
* HUMANA WESTERN	718.31	282.69	1001.00	1790.99	706.71	2497.70
* SECURITY HEALTH PLAN	718.31	293.79	1012.10	1790.99	734.51	2525.50
* WEA TRUST NORTHWEST	718.31	61.49	779.80	1790.99	153.71	1944.70
3 STANDARD PLAN - BALANCE OF STATE	718.31	229.09	947.40	1790.99	572.41	2363.40
STATE MAINTENANCE PLAN	684.10	0.00	684.10	1705.70	0.00	1705.70
PIERCE						
3 ANTHEM BCBS NORTHWEST	818.79	180.81	999.60	2041.94	452.26	2494.20
HEALTHPARTNERS	785.70	0.00	785.70	1959.50	0.00	1959.50
WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
WPS METRO CHOICE NW	818.79	177.51	996.30	2041.94	444.06	2486.00
* HUMANA WESTERN	818.79	182.21	1001.00	2041.94	455.76	2497.70
3 STANDARD PLAN - BALANCE OF STATE	818.79	128.61	947.40	2041.94	321.46	2363.40
POLK						
3 ANTHEM BCBS NORTHWEST	818.79	180.81	999.60	2041.94	452.26	2494.20
HEALTHPARTNERS	785.70	0.00	785.70	1959.50	0.00	1959.50
WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
WPS METRO CHOICE NW	818.79	177.51	996.30	2041.94	444.06	2486.00
* HUMANA WESTERN	818.79	182.21	1001.00	2041.94	455.76	2497.70
3 STANDARD PLAN - DANE	818.79	62.11	880.90	2041.94	155.16	2197.10
PORTAGE						
3 SECURITY HEALTH PLAN	781.52	230.58	1012.10	1948.80	576.70	2525.50
WEA TRUST EAST	744.30	0.00	744.30	1856.00	0.00	1856.00
* ARISE HEALTH PLAN	781.52	102.48	884.00	1948.80	256.40	2205.20
3 STANDARD PLAN - BALANCE OF STATE	781.52	165.88	947.40	1948.80	414.60	2363.40
PRICE						
3 SECURITY HEALTH PLAN	718.31	293.79	1012.10	1790.99	734.51	2525.50
3 STANDARD PLAN - BALANCE OF STATE	718.31	229.09	947.40	1790.99	572.41	2363.40
STATE MAINTENANCE PLAN	684.10	0.00	684.10	1705.70	0.00	1705.70

2013 Wisconsin Public Employers - Employer Share of Premiums

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

LCQP

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
RACINE							
3	ANTHEM BCBS SOUTHEAST	781.52	172.28	953.80	1948.80	430.90	2379.70
3	HUMANA EASTERN	781.52	219.48	1001.00	1948.80	548.90	2497.70
	UNITEDHEALTHCARE SE	759.00	0.00	759.00	1892.70	0.00	1892.70
3	WPS METRO CHOICE SE	781.52	379.18	1160.70	1948.80	948.20	2897.00
	WEA TRUST EAST	744.30	0.00	744.30	1856.00	0.00	1856.00
3	STANDARD PLAN - WAUKESHA	781.52	165.88	947.40	1948.80	414.60	2363.40
RICHLAND							
	DEAN HEALTH PLAN	522.59	60.51	583.10	1301.48	151.52	1453.00
	GUNDERSEN LUTHERAN HEALTH PLAN	522.59	190.01	712.60	1301.48	475.22	1776.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	HEALTH TRADITION	522.59	164.51	687.10	1301.48	411.52	1713.00
	PHYSICIANS PLUS	522.59	29.61	552.20	1301.48	74.22	1375.70
3	STANDARD PLAN - BALANCE OF STATE	522.59	424.81	947.40	1301.48	1061.92	2363.40
ROCK							
3	ANTHEM BCBS SOUTHEAST	522.59	431.21	953.80	1301.48	1078.22	2379.70
	DEAN HEALTH PLAN	522.59	60.51	583.10	1301.48	151.52	1453.00
3	HUMANA EASTERN	522.59	478.41	1001.00	1301.48	1196.22	2497.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	MERCYCARE HEALTH PLAN	512.10	0.00	512.10	1275.50	0.00	1275.50
	UNITEDHEALTHCARE SE	522.59	236.41	759.00	1301.48	591.22	1892.70
	WEA TRUST EAST	522.59	221.71	744.30	1301.48	554.52	1856.00
*	PHYSICIANS PLUS	522.59	29.61	552.20	1301.48	74.22	1375.70
3	STANDARD PLAN - BALANCE OF STATE	522.59	424.81	947.40	1301.48	1061.92	2363.40
RUSK							
3	SECURITY HEALTH PLAN	818.79	193.31	1012.10	2041.94	483.56	2525.50
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
	WPS METRO CHOICE NW	818.79	177.51	996.30	2041.94	444.06	2486.00
3	STANDARD PLAN - BALANCE OF STATE	818.79	128.61	947.40	2041.94	321.46	2363.40
SAUK							
	DEAN HEALTH PLAN	522.59	60.51	583.10	1301.48	151.52	1453.00
	GUNDERSEN LUTHERAN HEALTH PLAN	522.59	190.01	712.60	1301.48	475.22	1776.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	HEALTH TRADITION	522.59	164.51	687.10	1301.48	411.52	1713.00
	PHYSICIANS PLUS	522.59	29.61	552.20	1301.48	74.22	1375.70
3	STANDARD PLAN - BALANCE OF STATE	522.59	424.81	947.40	1301.48	1061.92	2363.40
SAWYER							
	GHC EAU CLAIRE	818.79	144.71	963.50	2041.94	362.06	2404.00
3	SECURITY HEALTH PLAN	818.79	193.31	1012.10	2041.94	483.56	2525.50
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
*	HEALTHPARTNERS	785.70	0.00	785.70	1959.50	0.00	1959.50
*	WPS METRO CHOICE NW	818.79	177.51	996.30	2041.94	444.06	2486.00
3	STANDARD PLAN - BALANCE OF STATE	818.79	128.61	947.40	2041.94	321.46	2363.40

2013 Wisconsin Public Employers - Employer Share of Premiums

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

LCQP

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
SHAWANO							
3	ANTHEM BCBS NORTHEAST	695.84	168.56	864.40	1734.60	421.60	2156.20
3	HUMANA EASTERN	695.84	305.16	1001.00	1734.60	763.10	2497.70
	ARISE HEALTH PLAN	695.84	188.16	884.00	1734.60	470.60	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	695.84	48.46	744.30	1734.60	121.40	1856.00
	UNITEDHEALTHCARE NE	695.84	29.96	725.80	1734.60	75.10	1809.70
3	STANDARD PLAN - BALANCE OF STATE	695.84	251.56	947.40	1734.60	628.80	2363.40
SHEBOYGAN							
3	ANTHEM BCBS NORTHEAST	695.84	168.56	864.40	1734.60	421.60	2156.20
3	HUMANA EASTERN	695.84	305.16	1001.00	1734.60	763.10	2497.70
	ARISE HEALTH PLAN	695.84	188.16	884.00	1734.60	470.60	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	695.84	48.46	744.30	1734.60	121.40	1856.00
	UNITEDHEALTHCARE NE	695.84	29.96	725.80	1734.60	75.10	1809.70
3	STANDARD PLAN - BALANCE OF STATE	695.84	251.56	947.40	1734.60	628.80	2363.40
ST. CROIX							
3	ANTHEM BCBS NORTHWEST	818.79	180.81	999.60	2041.94	452.26	2494.20
	HUMANA WESTERN	818.79	182.21	1001.00	2041.94	455.76	2497.70
	HEALTHPARTNERS	785.70	0.00	785.70	1959.50	0.00	1959.50
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
	WPS METRO CHOICE NW	818.79	177.51	996.30	2041.94	444.06	2486.00
3	STANDARD PLAN - DANE	818.79	62.11	880.90	2041.94	155.16	2197.10
TAYLOR							
	ARISE HEALTH PLAN	781.52	102.48	884.00	1948.80	256.40	2205.20
3	SECURITY HEALTH PLAN	781.52	230.58	1012.10	1948.80	576.70	2525.50
	WEA TRUST EAST	744.30	0.00	744.30	1856.00	0.00	1856.00
3	STANDARD PLAN - BALANCE OF STATE	781.52	165.88	947.40	1948.80	414.60	2363.40
TREMPEALEAU							
	GUNDERSEN LUTHERAN HEALTH PLAN	712.60	0.00	712.60	1776.70	0.00	1776.70
	WEA TRUST NORTHWEST	748.23	31.57	779.80	1865.54	79.16	1944.70
*	HEALTH TRADITION	687.10	0.00	687.10	1713.00	0.00	1713.00
3	STANDARD PLAN - BALANCE OF STATE	748.23	199.17	947.40	1865.54	497.86	2363.40
VERNON							
	GUNDERSEN LUTHERAN HEALTH PLAN	522.59	190.01	712.60	1301.48	475.22	1776.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	HEALTH TRADITION	522.59	164.51	687.10	1301.48	411.52	1713.00
*	DEAN HEALTH PLAN	522.59	60.51	583.10	1301.48	151.52	1453.00
3	STANDARD PLAN - BALANCE OF STATE	522.59	424.81	947.40	1301.48	1061.92	2363.40
VILAS							
3	SECURITY HEALTH PLAN	718.31	293.79	1012.10	1790.99	734.51	2525.50
*	ARISE HEALTH PLAN	718.31	165.69	884.00	1790.99	414.21	2205.20
3	STANDARD PLAN - BALANCE OF STATE	718.31	229.09	947.40	1790.99	572.41	2363.40
	STATE MAINTENANCE PLAN	684.10	0.00	684.10	1705.70	0.00	1705.70

2013 Wisconsin Public Employers - Employer Share of Premiums

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

LCQP

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Individual 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	522.59	431.21	953.80	1301.48	1078.22	2379.70
3	HUMANA EASTERN	522.59	478.41	1001.00	1301.48	1196.22	2497.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	MERCYCARE HEALTH PLAN	512.10	0.00	512.10	1275.50	0.00	1275.50
	UNITEDHEALTHCARE SE	522.59	236.41	759.00	1301.48	591.22	1892.70
	WEA TRUST EAST	522.59	221.71	744.30	1301.48	554.52	1856.00
*	DEAN HEALTH PLAN	522.59	60.51	583.10	1301.48	151.52	1453.00
3	STANDARD PLAN - BALANCE OF STATE	522.59	424.81	947.40	1301.48	1061.92	2363.40
WASHBURN							
3	ANTHEM BCBS NORTHWEST	818.79	180.81	999.60	2041.94	452.26	2494.20
	GHC EAU CLAIRE	818.79	144.71	963.50	2041.94	362.06	2404.00
3	SECURITY HEALTH PLAN	818.79	193.31	1012.10	2041.94	483.56	2525.50
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
	WPS METRO CHOICE NW	818.79	177.51	996.30	2041.94	444.06	2486.00
*	GUNDERSEN LUTHERAN HEALTH PLAN	712.60	0.00	712.60	1776.70	0.00	1776.70
*	HEALTHPARTNERS	785.70	0.00	785.70	1959.50	0.00	1959.50
3	STANDARD PLAN - BALANCE OF STATE	818.79	128.61	947.40	2041.94	321.46	2363.40
WASHINGTON							
3	ANTHEM BCBS SOUTHEAST	781.52	172.28	953.80	1948.80	430.90	2379.70
3	HUMANA EASTERN	781.52	219.48	1001.00	1948.80	548.90	2497.70
	UNITEDHEALTHCARE SE	759.00	0.00	759.00	1892.70	0.00	1892.70
3	WPS METRO CHOICE SE	781.52	379.18	1160.70	1948.80	948.20	2897.00
	WEA TRUST EAST	744.30	0.00	744.30	1856.00	0.00	1856.00
3	STANDARD PLAN - WAUKESHA	781.52	165.88	947.40	1948.80	414.60	2363.40
WAUKESHA							
3	ANTHEM BCBS SOUTHEAST	781.52	172.28	953.80	1948.80	430.90	2379.70
*	DEAN HEALTH PLAN	583.10	0.00	583.10	1453.00	0.00	1453.00
3	HUMANA EASTERN	781.52	219.48	1001.00	1948.80	548.90	2497.70
	UNITEDHEALTHCARE SE	759.00	0.00	759.00	1892.70	0.00	1892.70
3	WPS METRO CHOICE SE	781.52	379.18	1160.70	1948.80	948.20	2897.00
	WEA TRUST EAST	744.30	0.00	744.30	1856.00	0.00	1856.00
3	STANDARD PLAN - WAUKESHA	781.52	165.88	947.40	1948.80	414.60	2363.40
WAUPACA							
3	ANTHEM BCBS NORTHEAST	695.84	168.56	864.40	1734.60	421.60	2156.20
3	HUMANA EASTERN	695.84	305.16	1001.00	1734.60	763.10	2497.70
	ARISE HEALTH PLAN	695.84	188.16	884.00	1734.60	470.60	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
3	SECURITY HEALTH PLAN	695.84	316.26	1012.10	1734.60	790.90	2525.50
	WEA TRUST EAST	695.84	48.46	744.30	1734.60	121.40	1856.00
	UNITEDHEALTHCARE NE	695.84	29.96	725.80	1734.60	75.10	1809.70
3	STANDARD PLAN - BALANCE OF STATE	695.84	251.56	947.40	1734.60	628.80	2363.40

2013 Wisconsin Public Employers - Employer Share of Premiums

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

LCQP

Deductible HMO - Standard PPO - P04

105% of the Low Cost Qualified Plan (LCQP)

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WAUSHARA							
3	ANTHEM BCBS NORTHEAST	579.81	284.59	864.40	1444.49	711.71	2156.20
3	HUMANA EASTERN	579.81	421.19	1001.00	1444.49	1053.21	2497.70
	NETWORK HEALTH PLAN	579.81	82.89	662.70	1444.49	207.51	1652.00
3	SECURITY HEALTH PLAN	579.81	432.29	1012.10	1444.49	1081.01	2525.50
	WEA TRUST EAST	579.81	164.49	744.30	1444.49	411.51	1856.00
	PHYSICIANS PLUS	552.20	0.00	552.20	1375.70	0.00	1375.70
	UNITEDHEALTHCARE NE	579.81	145.99	725.80	1444.49	365.21	1809.70
3	STANDARD PLAN - BALANCE OF STATE	579.81	367.59	947.40	1444.49	918.91	2363.40
WINNEBAGO							
3	ANTHEM BCBS NORTHEAST	695.84	168.56	864.40	1734.60	421.60	2156.20
3	HUMANA EASTERN	695.84	305.16	1001.00	1734.60	763.10	2497.70
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	695.84	48.46	744.30	1734.60	121.40	1856.00
	UNITEDHEALTHCARE NE	695.84	29.96	725.80	1734.60	75.10	1809.70
*	ARISE HEALTH PLAN	695.84	188.16	884.00	1734.60	470.60	2205.20
3	STANDARD PLAN - BALANCE OF STATE	695.84	251.56	947.40	1734.60	628.80	2363.40
WOOD							
	ARISE HEALTH PLAN	781.52	102.48	884.00	1948.80	256.40	2205.20
3	SECURITY HEALTH PLAN	781.52	230.58	1012.10	1948.80	576.70	2525.50
	WEA TRUST EAST	744.30	0.00	744.30	1856.00	0.00	1856.00
3	STANDARD PLAN - BALANCE OF STATE	781.52	165.88	947.40	1948.80	414.60	2363.40