2013 Premiums - Wisconsin Public Employers

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

Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		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	523.01	60.09	583.10	1303.32	149.68	1453.00
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
3	SECURITY HEALTH PLAN	523.01	489.09	1012.10	1303.32	1222.18	2525.50
	WEA TRUST EAST	523.01	221.29	744.30	1303.32	552.68	1856.00
	PHYSICIANS PLUS	523.01	29.19	552.20	1303.32	72.38	1375.70
3	STANDARD PLAN - BALANCE OF STATE	523.01	424.39	947.40	1303.32	1060.08	2363.40
ASHLAND							
3	ANTHEM BCBS NORTHWEST	767.05	232.55	999.60	1913.43	580.77	2494.20
	GHC EAU CLAIRE	767.05	196.45	963.50	1913.43	490.57	2404.00
3	SECURITY HEALTH PLAN	767.05	245.05	1012.10	1913.43	612.07	2525.50
	WEA TRUST NORTHWEST	767.05	12.75	779.80	1913.43	31.27	1944.70
*	HEALTHPARTNERS	767.05	18.65	785.70	1913.43	46.07	1959.50
3	STANDARD PLAN - BALANCE OF STATE	767.05	180.35	947.40	1913.43	449.97	2363.40
BARRON							
	HUMANA WESTERN	814.62	186.38	1001.00	2032.33	465.37	2497.70
3	SECURITY HEALTH PLAN	814.62	197.48	1012.10	2032.33	493.17	2525.50
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
	WPS METRO CHOICE NW	814.62	181.68	996.30	2032.33	453.67	2486.00
*	GUNDERSEN LUTHERAN HEALTH PLAN	712.60	0.00	712.60	1776.70	0.00	1776.70
3	STANDARD PLAN - BALANCE OF STATE	814.62	132.78	947.40	2032.33	331.07	2363.40
BAYFIELD							
*	ANTHEM BCBS NORTHWEST	602.01	397.59	999.60	1501.02	993.18	2494.20
*	GHC EAU CLAIRE	602.01	361.49	963.50	1501.02	902.98	2404.00
*	SECURITY HEALTH PLAN	602.01	410.09	1012.10	1501.02	1024.48	2525.50
*	HEALTHPARTNERS	602.01	183.69	785.70	1501.02	458.48	1959.50
*	WEA TRUST NORTHWEST	602.01	177.79	779.80	1501.02	443.68	1944.70
3	STANDARD PLAN - BALANCE OF STATE	602.01	345.39	947.40	1501.02	862.38	2363.40
	STATE MAINTENANCE PLAN	602.01	82.09	684.10	1501.02	204.68	1705.70
BROWN							
3	ANTHEM BCBS NORTHEAST	663.70	200.70	864.40	1655.04	501.16	2156.20
3	HUMANA EASTERN	663.70	337.30	1001.00	1655.04	842.66	2497.70
	ARISE HEALTH PLAN	663.70	220.30	884.00	1655.04	550.16	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	663.70	80.60	744.30	1655.04	200.96	1856.00
	UNITEDHEALTHCARE NE	663.70	62.10	725.80	1655.04	154.66	1809.70
3	STANDARD PLAN - BALANCE OF STATE	663.70	283.70	947.40	1655.04	708.36	2363.40
BUFFALO							
*	HEALTH TRADITION	602.01	85.09	687.10	1501.02	211.98	1713.00
*	WEA TRUST NORTHWEST	602.01	177.79	779.80	1501.02	443.68	1944.70
3	STANDARD PLAN - BALANCE OF STATE	602.01	345.39	947.40	1501.02	862.38	2363.40
	STATE MAINTENANCE PLAN	602.01	82.09	684.10	1501.02	204.68	1705.70

2013 Premiums - Wisconsin Public Employers

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

Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		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	775.57	187.93	963.50	1934.72	469.28	2404.00
	HEALTHPARTNERS	775.57	10.13	785.70	1934.72	24.78	1959.50
	WEA TRUST NORTHWEST	775.57	4.23	779.80	1934.72	9.98	1944.70
	WPS METRO CHOICE NW	775.57	220.73	996.30	1934.72	551.28	2486.00
*	ANTHEM BCBS NORTHWEST	775.57	224.03	999.60	1934.72	559.48	2494.20
3	STANDARD PLAN - BALANCE OF STATE	775.57	171.83	947.40	1934.72	428.68	2363.40
CALUMET							
3	ANTHEM BCBS NORTHEAST	610.94	253.46	864.40	1523.15	633.05	2156.20
3	HUMANA EASTERN	610.94	390.06	1001.00	1523.15	974.55	2497.70
	NETWORK HEALTH PLAN	610.94	51.76	662.70	1523.15	128.85	1652.00
	UNITEDHEALTHCARE NE	610.94	114.86	725.80	1523.15	286.55	1809.70
*	ARISE HEALTH PLAN	610.94	273.06	884.00	1523.15	682.05	2205.20
*	WEA TRUST EAST	610.94	133.36	744.30	1523.15	332.85	1856.00
3	STANDARD PLAN - BALANCE OF STATE	610.94	336.46	947.40	1523.15	840.25	2363.40
CHIPPEWA							
	HUMANA WESTERN	767.73	233.27	1001.00	1915.12	582.58	2497.70
	GUNDERSEN LUTHERAN HEALTH PLAN	712.60	0.00	712.60	1776.70	0.00	1776.70
3	SECURITY HEALTH PLAN	767.73	244.37	1012.10	1915.12	610.38	2525.50
	WEA TRUST NORTHWEST	767.73	12.07	779.80	1915.12	29.58	1944.70
	WPS METRO CHOICE NW	767.73	228.57	996.30	1915.12	570.88	2486.00
3	STANDARD PLAN - BALANCE OF STATE	767.73	179.67	947.40	1915.12	448.28	2363.40
CLARK							
	GUNDERSEN LUTHERAN HEALTH PLAN	656.66	55.94	712.60	1637.42	139.28	1776.70
3	SECURITY HEALTH PLAN	656.66	355.44	1012.10	1637.42	888.08	2525.50
	WEA TRUST NORTHWEST	656.66	123.14	779.80	1637.42	307.28	1944.70
*	ARISE HEALTH PLAN	656.66	227.34	884.00	1637.42	567.78	2205.20
3	STANDARD PLAN - BALANCE OF STATE	656.66	290.74	947.40	1637.42	725.98	2363.40
COLUMBIA							
	DEAN HEALTH PLAN	523.01	60.09	583.10	1303.32	149.68	1453.00
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	PHYSICIANS PLUS	523.01	29.19	552.20	1303.32	72.38	1375.70
	WEA TRUST EAST	523.01	221.29	744.30	1303.32	552.68	1856.00
3	STANDARD PLAN - BALANCE OF STATE	523.01	424.39	947.40	1303.32	1060.08	2363.40
CRAWFORD							
	GUNDERSEN LUTHERAN HEALTH PLAN	615.87	96.73	712.60	1535.47	241.23	1776.70
	HEALTH TRADITION	615.87	71.23	687.10	1535.47	177.53	1713.00
*	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
*	MEDICAL ASSOCIATES HEALTH PLAN	615.87	48.03	663.90	1535.47	119.53	1655.00
3	STANDARD PLAN - BALANCE OF STATE	615.87	331.53	947.40	1535.47	827.93	2363.40
DANE							
	DEAN HEALTH PLAN	472.93	110.17	583.10	1178.12	274.88	1453.00
	GHC-SOUTHCENTRAL WI	472.93	66.67	539.60	1178.12	166.08	1344.20
	PHYSICIANS PLUS	472.93	79.27	552.20	1178.12	197.58	1375.70
	UNITY UW	472.93	1.87	474.80	1178.12	4.08	1182.20
3	STANDARD PLAN - DANE	472.93	407.97	880.90	1178.12	1018.98	2197.10

2013 Premiums - Wisconsin Public Employers

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Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
DODGE							
3	ANTHEM BCBS SOUTHEAST	571.44	382.36	953.80	1424.40	955.30	2379.70
	DEAN HEALTH PLAN	571.44	11.66	583.10	1424.40	28.60	1453.00
3	HUMANA EASTERN	571.44	429.56	1001.00	1424.40	1073.30	2497.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	NETWORK HEALTH PLAN	571.44	91.26	662.70	1424.40	227.60	1652.00
	UNITEDHEALTHCARE SE	571.44	187.56	759.00	1424.40	468.30	1892.70
3	WPS METRO CHOICE SE	571.44	589.26	1160.70	1424.40	1472.60	2897.00
	WEA TRUST EAST	571.44	172.86	744.30	1424.40	431.60	1856.00
*	ARISE HEALTH PLAN	571.44	312.56	884.00	1424.40	780.80	2205.20
3	STANDARD PLAN - BALANCE OF STATE	571.44	375.96	947.40	1424.40	939.00	2363.40
DOOR							
3	ANTHEM BCBS NORTHEAST	663.70	200.70	864.40	1655.04	501.16	2156.20
3	HUMANA EASTERN	663.70	337.30	1001.00	1655.04	842.66	2497.70
	ARISE HEALTH PLAN	663.70	220.30	884.00	1655.04	550.16	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	UNITEDHEALTHCARE NE	663.70	62.10	725.80	1655.04	154.66	1809.70
	WEA TRUST EAST	663.70	80.60	744.30	1655.04	200.96	1856.00
3	STANDARD PLAN - BALANCE OF STATE	663.70	283.70	947.40	1655.04	708.36	2363.40
DOUGLAS							
3	ANTHEM BCBS NORTHWEST	776.60	223.00	999.60	1937.30	556.90	2494.20
	HUMANA WESTERN	776.60	224.40	1001.00	1937.30	560.40	2497.70
	GHC EAU CLAIRE	776.60	186.90	963.50	1937.30	466.70	2404.00
3	SECURITY HEALTH PLAN	776.60	235.50	1012.10	1937.30	588.20	2525.50
	HEALTHPARTNERS	776.60	9.10	785.70	1937.30	22.20	1959.50
	WEA TRUST NORTHWEST	776.60	3.20	779.80	1937.30	7.40	1944.70
3	STANDARD PLAN - BALANCE OF STATE	776.60	170.80	947.40	1937.30	426.10	2363.40
DUNN							
	HUMANA WESTERN	814.62	186.38	1001.00	2032.33	465.37	2497.70
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
	WPS METRO CHOICE NW	814.62	181.68	996.30	2032.33	453.67	2486.00
3	STANDARD PLAN - BALANCE OF STATE	814.62	132.78	947.40	2032.33	331.07	2363.40
EAU CLAIRE							
3	ANTHEM BCBS NORTHWEST	767.73	231.87	999.60	1915.12	579.08	2494.20
	HUMANA WESTERN	767.73	233.27	1001.00	1915.12	582.58	2497.70
	GUNDERSEN LUTHERAN HEALTH PLAN	712.60	0.00	712.60	1776.70	0.00	1776.70
3	SECURITY HEALTH PLAN	767.73	244.37	1012.10	1915.12	610.38	2525.50
	WEA TRUST NORTHWEST	767.73	12.07	779.80	1915.12	29.58	1944.70
	WPS METRO CHOICE NW	767.73	228.57	996.30	1915.12	570.88	2486.00
3	STANDARD PLAN - BALANCE OF STATE	767.73	179.67	947.40	1915.12	448.28	2363.40
FLORENCE							
*	ARISE HEALTH PLAN	602.01	281.99	884.00	1501.02	704.18	2205.20
*	WEA TRUST EAST	602.01	142.29	744.30	1501.02	354.98	1856.00
3	STANDARD PLAN - BALANCE OF STATE	602.01	345.39	947.40	1501.02	862.38	2363.40
	STATE MAINTENANCE PLAN	602.01	82.09	684.10	1501.02	204.68	1705.70

2013 Premiums - Wisconsin Public Employers

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Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
FOND DU LAC							
3	ANTHEM BCBS NORTHEAST	600.98	263.42	864.40	1498.26	657.94	2156.20
	DEAN HEALTH PLAN	583.10	0.00	583.10	1453.00	0.00	1453.00
3	HUMANA EASTERN	600.98	400.02	1001.00	1498.26	999.44	2497.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	ARISE HEALTH PLAN	600.98	283.02	884.00	1498.26	706.94	2205.20
	NETWORK HEALTH PLAN	600.98	61.72	662.70	1498.26	153.74	1652.00
	WEA TRUST EAST	600.98	143.32	744.30	1498.26	357.74	1856.00
	UNITEDHEALTHCARE NE	600.98	124.82	725.80	1498.26	311.44	1809.70
3	STANDARD PLAN - BALANCE OF STATE	600.98	346.42	947.40	1498.26	865.14	2363.40
FOREST							
*	ARISE HEALTH PLAN	602.01	281.99	884.00	1501.02	704.18	2205.20
*	SECURITY HEALTH PLAN	602.01	410.09	1012.10	1501.02	1024.48	2525.50
3	STANDARD PLAN - BALANCE OF STATE	602.01	345.39	947.40	1501.02	862.38	2363.40
	STATE MAINTENANCE PLAN	602.01	82.09	684.10	1501.02	204.68	1705.70
GRANT							
	DEAN HEALTH PLAN	542.17	40.93	583.10	1351.23	101.77	1453.00
	GUNDERSEN LUTHERAN HEALTH PLAN	542.17	170.43	712.60	1351.23	425.47	1776.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	HEALTH TRADITION	542.17	144.93	687.10	1351.23	361.77	1713.00
	MEDICAL ASSOCIATES HEALTH PLAN	542.17	121.73	663.90	1351.23	303.77	1655.00
	PHYSICIANS PLUS	542.17	10.03	552.20	1351.23	24.47	1375.70
3	STANDARD PLAN - DANE	542.17	338.73	880.90	1351.23	845.87	2197.10
GREEN							
	DEAN HEALTH PLAN	475.55	107.55	583.10	1184.70	268.30	1453.00
3	HUMANA EASTERN	475.55	525.45	1001.00	1184.70	1313.00	2497.70
	UNITY COMMUNITY	475.55	22.15	497.70	1184.70	54.80	1239.50
*	MERCYCARE HEALTH PLAN	475.55	36.55	512.10	1184.70	90.80	1275.50
3	STANDARD PLAN - BALANCE OF STATE	475.55	471.85	947.40	1184.70	1178.70	2363.40
GREEN LAKE							
3	ANTHEM BCBS NORTHEAST	625.62	238.78	864.40	1559.86	596.34	2156.20
3	HUMANA EASTERN	625.62	375.38	1001.00	1559.86	937.84	2497.70
	NETWORK HEALTH PLAN	625.62	37.08	662.70	1559.86	92.14	1652.00
	WEA TRUST EAST	625.62	118.68	744.30	1559.86	296.14	1856.00
	UNITEDHEALTHCARE NE	625.62	100.18	725.80	1559.86	249.84	1809.70
*	DEAN HEALTH PLAN	583.10	0.00	583.10	1453.00	0.00	1453.00
*	ARISE HEALTH PLAN	625.62	258.38	884.00	1559.86	645.34	2205.20
*	PHYSICIANS PLUS	552.20	0.00	552.20	1375.70	0.00	1375.70
3	STANDARD PLAN - BALANCE OF STATE	625.62	321.78	947.40	1559.86	803.54	2363.40
IOWA							
	DEAN HEALTH PLAN	505.32	77.78	583.10	1259.10	193.90	1453.00
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	MEDICAL ASSOCIATES HEALTH PLAN	505.32	158.58	663.90	1259.10	395.90	1655.00
	PHYSICIANS PLUS	505.32	46.88	552.20	1259.10	116.60	1375.70
3	STANDARD PLAN - BALANCE OF STATE	505.32	442.08	947.40	1259.10	1104.30	2363.40

2013 Premiums - Wisconsin Public Employers

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Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
IRON							
*	SECURITY HEALTH PLAN	602.01	410.09	1012.10	1501.02	1024.48	2525.50
3	STANDARD PLAN - BALANCE OF STATE	602.01	345.39	947.40	1501.02	862.38	2363.40
	STATE MAINTENANCE PLAN	602.01	82.09	684.10	1501.02	204.68	1705.70
JACKSON							
	GUNDERSEN LUTHERAN HEALTH PLAN	639.32	73.28	712.60	1594.09	182.61	1776.70
	HEALTH TRADITION	639.32	47.78	687.10	1594.09	118.91	1713.00
3	SECURITY HEALTH PLAN	639.32	372.78	1012.10	1594.09	931.41	2525.50
	WEA TRUST NORTHWEST	639.32	140.48	779.80	1594.09	350.61	1944.70
3	STANDARD PLAN - BALANCE OF STATE	639.32	308.08	947.40	1594.09	769.31	2363.40
JEFFERSON							
3	ANTHEM BCBS SOUTHEAST	544.93	408.87	953.80	1358.14	1021.56	2379.70
	DEAN HEALTH PLAN	544.93	38.17	583.10	1358.14	94.86	1453.00
3	HUMANA EASTERN	544.93	456.07	1001.00	1358.14	1139.56	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	544.93	214.07	759.00	1358.14	534.56	1892.70
3	WPS METRO CHOICE SE	544.93	615.77	1160.70	1358.14	1538.86	2897.00
	WEA TRUST EAST	544.93	199.37	744.30	1358.14	497.86	1856.00
*	PHYSICIANS PLUS	544.93	7.27	552.20	1358.14	17.56	1375.70
3	STANDARD PLAN - DANE	544.93	335.97	880.90	1358.14	838.96	2197.10
JUNEAU							
	GUNDERSEN LUTHERAN HEALTH PLAN	581.17	131.43	712.60	1448.74	327.96	1776.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	HEALTH TRADITION	581.17	105.93	687.10	1448.74	264.26	1713.00
	WEA TRUST EAST	581.17	163.13	744.30	1448.74	407.26	1856.00
*	DEAN HEALTH PLAN	581.17	1.93	583.10	1448.74	4.26	1453.00
*	SECURITY HEALTH PLAN	581.17	430.93	1012.10	1448.74	1076.76	2525.50
3	STANDARD PLAN - BALANCE OF STATE	581.17	366.23	947.40	1448.74	914.66	2363.40
KENOSHA							
3	ANTHEM BCBS SOUTHEAST	661.45	292.35	953.80	1649.43	730.27	2379.70
3	HUMANA EASTERN	661.45	339.55	1001.00	1649.43	848.27	2497.70
	UNITEDHEALTHCARE SE	661.45	97.55	759.00	1649.43	243.27	1892.70
	WEA TRUST EAST	661.45	82.85	744.30	1649.43	206.57	1856.00
3	STANDARD PLAN - WAUKESHA	661.45	285.95	947.40	1649.43	713.97	2363.40
KEWAUNEE							
	ARISE HEALTH PLAN	672.03	211.97	884.00	1675.87	529.33	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	672.03	72.27	744.30	1675.87	180.13	1856.00
3	ANTHEM BCBS NORTHEAST	672.03	192.37	864.40	1675.87	480.33	2156.20
*	HUMANA EASTERN	672.03	328.97	1001.00	1675.87	821.83	2497.70
*	UNITEDHEALTHCARE NE	672.03	53.77	725.80	1675.87	133.83	1809.70
3	STANDARD PLAN - BALANCE OF STATE	672.03	275.37	947.40	1675.87	687.53	2363.40

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Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
LACROSSE							
	GUNDERSEN LUTHERAN HEALTH PLAN	615.87	96.73	712.60	1535.47	241.23	1776.70
	HEALTH TRADITION	615.87	71.23	687.10	1535.47	177.53	1713.00
3	STANDARD PLAN - DANE	615.87	265.03	880.90	1535.47	661.63	2197.10
LAFAYETTE							
	DEAN HEALTH PLAN	548.68	34.42	583.10	1367.52	85.48	1453.00
	MEDICAL ASSOCIATES HEALTH PLAN	548.68	115.22	663.90	1367.52	287.48	1655.00
*	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
*	PHYSICIANS PLUS	548.68	3.52	552.20	1367.52	8.18	1375.70
3	STANDARD PLAN - BALANCE OF STATE	548.68	398.72	947.40	1367.52	995.88	2363.40
LANGLADE							
	ARISE HEALTH PLAN	716.45	167.55	884.00	1786.93	418.27	2205.20
3	SECURITY HEALTH PLAN	716.45	295.65	1012.10	1786.93	738.57	2525.50
	WEA TRUST EAST	716.45	27.85	744.30	1786.93	69.07	1856.00
3	STANDARD PLAN - BALANCE OF STATE	716.45	230.95	947.40	1786.93	576.47	2363.40
LINCOLN							
3	SECURITY HEALTH PLAN	654.98	357.12	1012.10	1633.28	892.22	2525.50
	WEA TRUST EAST	654.98	89.32	744.30	1633.28	222.72	1856.00
*	ARISE HEALTH PLAN	654.98	229.02	884.00	1633.28	571.92	2205.20
3	STANDARD PLAN - BALANCE OF STATE	654.98	292.42	947.40	1633.28	730.12	2363.40
MANITOWOC							
3	ANTHEM BCBS NORTHEAST	663.70	200.70	864.40	1655.04	501.16	2156.20
3	HUMANA EASTERN	663.70	337.30	1001.00	1655.04	842.66	2497.70
	ARISE HEALTH PLAN	663.70	220.30	884.00	1655.04	550.16	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	663.70	80.60	744.30	1655.04	200.96	1856.00
	UNITEDHEALTHCARE NE	663.70	62.10	725.80	1655.04	154.66	1809.70
3	STANDARD PLAN - BALANCE OF STATE	663.70	283.70	947.40	1655.04	708.36	2363.40
MARATHON							
	ARISE HEALTH PLAN	716.45	167.55	884.00	1786.93	418.27	2205.20
3	SECURITY HEALTH PLAN	716.45	295.65	1012.10	1786.93	738.57	2525.50
	WEA TRUST EAST	716.45	27.85	744.30	1786.93	69.07	1856.00
*	HEALTHPARTNERS	716.45	69.25	785.70	1786.93	172.57	1959.50
3	STANDARD PLAN - BALANCE OF STATE	716.45	230.95	947.40	1786.93	576.47	2363.40
MARINETTE							
3	ANTHEM BCBS NORTHEAST	690.54	173.86	864.40	1722.13	434.07	2156.20
3	HUMANA EASTERN	690.54	310.46	1001.00	1722.13	775.57	2497.70
	ARISE HEALTH PLAN	690.54	193.46	884.00	1722.13	483.07	2205.20
	WEA TRUST EAST	690.54	53.76	744.30	1722.13	133.87	1856.00
	UNITEDHEALTHCARE NE	690.54	35.26	725.80	1722.13	87.57	1809.70
3	STANDARD PLAN - BALANCE OF STATE	690.54	256.86	947.40	1722.13	641.27	2363.40

2013 Premiums - Wisconsin Public Employers

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

Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
MARQUETTE							
*	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
*	NETWORK HEALTH PLAN	570.46	92.24	662.70	1421.95	230.05	1652.00
	PHYSICIANS PLUS	552.20	0.00	552.20	1375.70	0.00	1375.70
	WEA TRUST EAST	570.46	173.84	744.30	1421.95	434.05	1856.00
*	UNITEDHEALTHCARE NE	570.46	155.34	725.80	1421.95	387.75	1809.70
3	STANDARD PLAN - BALANCE OF STATE	570.46	376.94	947.40	1421.95	941.45	2363.40
MENOMINEE							
*	WEA TRUST EAST	602.01	142.29	744.30	1501.02	354.98	1856.00
3	STANDARD PLAN - BALANCE OF STATE	602.01	345.39	947.40	1501.02	862.38	2363.40
	STATE MAINTENANCE PLAN	602.01	82.09	684.10	1501.02	204.68	1705.70
MILWAUKEE							
3	ANTHEM BCBS SOUTHEAST	661.45	292.35	953.80	1649.43	730.27	2379.70
3	HUMANA EASTERN	661.45	339.55	1001.00	1649.43	848.27	2497.70
	UNITEDHEALTHCARE SE	661.45	97.55	759.00	1649.43	243.27	1892.70
3	WPS METRO CHOICE SE	661.45	499.25	1160.70	1649.43	1247.57	2897.00
	WEA TRUST EAST	661.45	82.85	744.30	1649.43	206.57	1856.00
3	STANDARD PLAN - MILWAUKEE	661.45	359.95	1021.40	1649.43	898.97	2548.40
MONROE							
	GUNDERSEN LUTHERAN HEALTH PLAN	615.87	96.73	712.60	1535.47	241.23	1776.70
	HEALTH TRADITION	615.87	71.23	687.10	1535.47	177.53	1713.00
3	STANDARD PLAN - BALANCE OF STATE	615.87	331.53	947.40	1535.47	827.93	2363.40
OCONTO							
3	ANTHEM BCBS NORTHEAST	672.03	192.37	864.40	1675.87	480.33	2156.20
3	HUMANA EASTERN	672.03	328.97	1001.00	1675.87	821.83	2497.70
	ARISE HEALTH PLAN	672.03	211.97	884.00	1675.87	529.33	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	672.03	72.27	744.30	1675.87	180.13	1856.00
*	UNITEDHEALTHCARE NE	672.03	53.77	725.80	1675.87	133.83	1809.70
3	STANDARD PLAN - BALANCE OF STATE	672.03	275.37	947.40	1675.87	687.53	2363.40
ONEIDA							
3	SECURITY HEALTH PLAN	602.01	410.09	1012.10	1501.02	1024.48	2525.50
*	ARISE HEALTH PLAN	602.01	281.99	884.00	1501.02	704.18	2205.20
3	STANDARD PLAN - BALANCE OF STATE	602.01	345.39	947.40	1501.02	862.38	2363.40
	STATE MAINTENANCE PLAN	684.10	0.00	684.10	1705.70	0.00	1705.70
OUTAGAMIE							
3	ANTHEM BCBS NORTHEAST	663.70	200.70	864.40	1655.04	501.16	2156.20
3	HUMANA EASTERN	663.70	337.30	1001.00	1655.04	842.66	2497.70
	ARISE HEALTH PLAN	663.70	220.30	884.00	1655.04	550.16	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	663.70	80.60	744.30	1655.04	200.96	1856.00
	UNITEDHEALTHCARE NE	663.70	62.10	725.80	1655.04	154.66	1809.70
3	STANDARD PLAN - BALANCE OF STATE	663.70	283.70	947.40	1655.04	708.36	2363.40

2013 Premiums - Wisconsin Public Employers

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

Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
OZAUKEE							
3	ANTHEM BCBS SOUTHEAST	661.45	292.35	953.80	1649.43	730.27	2379.70
3	HUMANA EASTERN	661.45	339.55	1001.00	1649.43	848.27	2497.70
	UNITEDHEALTHCARE SE	661.45	97.55	759.00	1649.43	243.27	1892.70
3	WPS METRO CHOICE SE	661.45	499.25	1160.70	1649.43	1247.57	2897.00
	WEA TRUST EAST	661.45	82.85	744.30	1649.43	206.57	1856.00
3	STANDARD PLAN - WAUKESHA	661.45	285.95	947.40	1649.43	713.97	2363.40
PEPIN							
*	HUMANA WESTERN	602.01	398.99	1001.00	1501.02	996.68	2497.70
*	SECURITY HEALTH PLAN	602.01	410.09	1012.10	1501.02	1024.48	2525.50
*	WEA TRUST NORTHWEST	602.01	177.79	779.80	1501.02	443.68	1944.70
3	STANDARD PLAN - BALANCE OF STATE	602.01	345.39	947.40	1501.02	862.38	2363.40
	STATE MAINTENANCE PLAN	602.01	82.09	684.10	1501.02	204.68	1705.70
PIERCE							
3	ANTHEM BCBS NORTHWEST	751.46	248.14	999.60	1874.46	619.74	2494.20
	HEALTHPARTNERS	751.46	34.24	785.70	1874.46	85.04	1959.50
	WEA TRUST NORTHWEST	751.46	28.34	779.80	1874.46	70.24	1944.70
	WPS METRO CHOICE NW	751.46	244.84	996.30	1874.46	611.54	2486.00
*	HUMANA WESTERN	751.46	249.54	1001.00	1874.46	623.24	2497.70
3	STANDARD PLAN - BALANCE OF STATE	751.46	195.94	947.40	1874.46	488.94	2363.40
POLK							
3	ANTHEM BCBS NORTHWEST	751.46	248.14	999.60	1874.46	619.74	2494.20
	HEALTHPARTNERS	751.46	34.24	785.70	1874.46	85.04	1959.50
	WEA TRUST NORTHWEST	751.46	28.34	779.80	1874.46	70.24	1944.70
	WPS METRO CHOICE NW	751.46	244.84	996.30	1874.46	611.54	2486.00
*	HUMANA WESTERN	751.46	249.54	1001.00	1874.46	623.24	2497.70
3	STANDARD PLAN - DANE	751.46	129.44	880.90	1874.46	322.64	2197.10
PORTAGE							
3	SECURITY HEALTH PLAN	654.98	357.12	1012.10	1633.28	892.22	2525.50
	WEA TRUST EAST	654.98	89.32	744.30	1633.28	222.72	1856.00
*	ARISE HEALTH PLAN	654.98	229.02	884.00	1633.28	571.92	2205.20
3	STANDARD PLAN - BALANCE OF STATE	654.98	292.42	947.40	1633.28	730.12	2363.40
PRICE							
3	SECURITY HEALTH PLAN	602.01	410.09	1012.10	1501.02	1024.48	2525.50
3	STANDARD PLAN - BALANCE OF STATE	602.01	345.39	947.40	1501.02	862.38	2363.40
	STATE MAINTENANCE PLAN	602.01	82.09	684.10	1501.02	204.68	1705.70
RACINE							
3	ANTHEM BCBS SOUTHEAST	661.45	292.35	953.80	1649.43	730.27	2379.70
3	HUMANA EASTERN	661.45	339.55	1001.00	1649.43	848.27	2497.70
	UNITEDHEALTHCARE SE	661.45	97.55	759.00	1649.43	243.27	1892.70
3	WPS METRO CHOICE SE	661.45	499.25	1160.70	1649.43	1247.57	2897.00
	WEA TRUST EAST	661.45	82.85	744.30	1649.43	206.57	1856.00
3	STANDARD PLAN - WAUKESHA	661.45	285.95	947.40	1649.43	713.97	2363.40

2013 Premiums - Wisconsin Public Employers

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

Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
RICHLAND							
	DEAN HEALTH PLAN	533.76	49.34	583.10	1330.19	122.81	1453.00
	GUNDERSEN LUTHERAN HEALTH PLAN	533.76	178.84	712.60	1330.19	446.51	1776.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	HEALTH TRADITION	533.76	153.34	687.10	1330.19	382.81	1713.00
	PHYSICIANS PLUS	533.76	18.44	552.20	1330.19	45.51	1375.70
3	STANDARD PLAN - BALANCE OF STATE	533.76	413.64	947.40	1330.19	1033.21	2363.40
ROCK							
3	ANTHEM BCBS SOUTHEAST	544.93	408.87	953.80	1358.14	1021.56	2379.70
	DEAN HEALTH PLAN	544.93	38.17	583.10	1358.14	94.86	1453.00
3	HUMANA EASTERN	544.93	456.07	1001.00	1358.14	1139.56	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	544.93	214.07	759.00	1358.14	534.56	1892.70
	WEA TRUST EAST	544.93	199.37	744.30	1358.14	497.86	1856.00
*	PHYSICIANS PLUS	544.93	7.27	552.20	1358.14	17.56	1375.70
3	STANDARD PLAN - BALANCE OF STATE	544.93	402.47	947.40	1358.14	1005.26	2363.40
RUSK							
3	SECURITY HEALTH PLAN	781.48	230.62	1012.10	1949.51	575.99	2525.50
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
	WPS METRO CHOICE NW	781.48	214.82	996.30	1949.51	536.49	2486.00
3	STANDARD PLAN - BALANCE OF STATE	781.48	165.92	947.40	1949.51	413.89	2363.40
SAUK							
	DEAN HEALTH PLAN	533.76	49.34	583.10	1330.19	122.81	1453.00
	GUNDERSEN LUTHERAN HEALTH PLAN	533.76	178.84	712.60	1330.19	446.51	1776.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	HEALTH TRADITION	533.76	153.34	687.10	1330.19	382.81	1713.00
	PHYSICIANS PLUS	533.76	18.44	552.20	1330.19	45.51	1375.70
3	STANDARD PLAN - BALANCE OF STATE	533.76	413.64	947.40	1330.19	1033.21	2363.40
SAWYER							
	GHC EAU CLAIRE	767.05	196.45	963.50	1913.43	490.57	2404.00
3	SECURITY HEALTH PLAN	767.05	245.05	1012.10	1913.43	612.07	2525.50
	WEA TRUST NORTHWEST	767.05	12.75	779.80	1913.43	31.27	1944.70
*	HEALTHPARTNERS	767.05	18.65	785.70	1913.43	46.07	1959.50
*	WPS METRO CHOICE NW	767.05	229.25	996.30	1913.43	572.57	2486.00
3	STANDARD PLAN - BALANCE OF STATE	767.05	180.35	947.40	1913.43	449.97	2363.40
SHAWANO							
3	ANTHEM BCBS NORTHEAST	663.70	200.70	864.40	1655.04	501.16	2156.20
3	HUMANA EASTERN	663.70	337.30	1001.00	1655.04	842.66	2497.70
	ARISE HEALTH PLAN	663.70	220.30	884.00	1655.04	550.16	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	663.70	80.60	744.30	1655.04	200.96	1856.00
	UNITEDHEALTHCARE NE	663.70	62.10	725.80	1655.04	154.66	1809.70
3	STANDARD PLAN - BALANCE OF STATE	663.70	283.70	947.40	1655.04	708.36	2363.40

2013 Premiums - Wisconsin Public Employers

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

Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
SHEBOYGAN							
3	ANTHEM BCBS NORTHEAST	663.70	200.70	864.40	1655.04	501.16	2156.20
3	HUMANA EASTERN	663.70	337.30	1001.00	1655.04	842.66	2497.70
	ARISE HEALTH PLAN	663.70	220.30	884.00	1655.04	550.16	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
	WEA TRUST EAST	663.70	80.60	744.30	1655.04	200.96	1856.00
	UNITEDHEALTHCARE NE	663.70	62.10	725.80	1655.04	154.66	1809.70
3	STANDARD PLAN - BALANCE OF STATE	663.70	283.70	947.40	1655.04	708.36	2363.40
ST. CROIX							
3	ANTHEM BCBS NORTHWEST	783.82	215.78	999.60	1955.34	538.86	2494.20
	HUMANA WESTERN	783.82	217.18	1001.00	1955.34	542.36	2497.70
	HEALTHPARTNERS	783.82	1.88	785.70	1955.34	4.16	1959.50
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
	WPS METRO CHOICE NW	783.82	212.48	996.30	1955.34	530.66	2486.00
3	STANDARD PLAN - DANE	783.82	97.08	880.90	1955.34	241.76	2197.10
TAYLOR							
	ARISE HEALTH PLAN	716.45	167.55	884.00	1786.93	418.27	2205.20
3	SECURITY HEALTH PLAN	716.45	295.65	1012.10	1786.93	738.57	2525.50
	WEA TRUST EAST	716.45	27.85	744.30	1786.93	69.07	1856.00
3	STANDARD PLAN - BALANCE OF STATE	716.45	230.95	947.40	1786.93	576.47	2363.40
TREMPEALEAU							
	GUNDERSEN LUTHERAN HEALTH PLAN	656.66	55.94	712.60	1637.42	139.28	1776.70
	WEA TRUST NORTHWEST	656.66	123.14	779.80	1637.42	307.28	1944.70
*	HEALTH TRADITION	656.66	30.44	687.10	1637.42	75.58	1713.00
3	STANDARD PLAN - BALANCE OF STATE	656.66	290.74	947.40	1637.42	725.98	2363.40
VERNON							
	GUNDERSEN LUTHERAN HEALTH PLAN	556.57	156.03	712.60	1387.23	389.47	1776.70
	UNITY COMMUNITY	497.70	0.00	497.70	1239.50	0.00	1239.50
	HEALTH TRADITION	556.57	130.53	687.10	1387.23	325.77	1713.00
*	DEAN HEALTH PLAN	556.57	26.53	583.10	1387.23	65.77	1453.00
3	STANDARD PLAN - BALANCE OF STATE	556.57	390.83	947.40	1387.23	976.17	2363.40
VILAS							
3	SECURITY HEALTH PLAN	602.01	410.09	1012.10	1501.02	1024.48	2525.50
*	ARISE HEALTH PLAN	602.01	281.99	884.00	1501.02	704.18	2205.20
3	STANDARD PLAN - BALANCE OF STATE	602.01	345.39	947.40	1501.02	862.38	2363.40
	STATE MAINTENANCE PLAN	684.10	0.00	684.10	1705.70	0.00	1705.70
WALWORTH							
3	ANTHEM BCBS SOUTHEAST	552.88	400.92	953.80	1378.01	1001.69	2379.70
3	HUMANA EASTERN	552.88	448.12	1001.00	1378.01	1119.69	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	552.88	206.12	759.00	1378.01	514.69	1892.70
	WEA TRUST EAST	552.88	191.42	744.30	1378.01	477.99	1856.00
*	DEAN HEALTH PLAN	552.88	30.22	583.10	1378.01	74.99	1453.00
3	STANDARD PLAN - BALANCE OF STATE	552.88	394.52	947.40	1378.01	985.39	2363.40

2013 Premiums - Wisconsin Public Employers

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

Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WASHBURN							
3	ANTHEM BCBS NORTHWEST	803.62	195.98	999.60	2004.85	489.35	2494.20
	GHC EAU CLAIRE	803.62	159.88	963.50	2004.85	399.15	2404.00
3	SECURITY HEALTH PLAN	803.62	208.48	1012.10	2004.85	520.65	2525.50
	WEA TRUST NORTHWEST	779.80	0.00	779.80	1944.70	0.00	1944.70
	WPS METRO CHOICE NW	803.62	192.68	996.30	2004.85	481.15	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	803.62	143.78	947.40	2004.85	358.55	2363.40
WASHINGTON							
3	ANTHEM BCBS SOUTHEAST	661.45	292.35	953.80	1649.43	730.27	2379.70
3	HUMANA EASTERN	661.45	339.55	1001.00	1649.43	848.27	2497.70
	UNITEDHEALTHCARE SE	661.45	97.55	759.00	1649.43	243.27	1892.70
3	WPS METRO CHOICE SE	661.45	499.25	1160.70	1649.43	1247.57	2897.00
	WEA TRUST EAST	661.45	82.85	744.30	1649.43	206.57	1856.00
3	STANDARD PLAN - WAUKESHA	661.45	285.95	947.40	1649.43	713.97	2363.40
WAUKESHA							
3	ANTHEM BCBS SOUTHEAST	661.45	292.35	953.80	1649.43	730.27	2379.70
*	DEAN HEALTH PLAN	583.10	0.00	583.10	1453.00	0.00	1453.00
3	HUMANA EASTERN	661.45	339.55	1001.00	1649.43	848.27	2497.70
	UNITEDHEALTHCARE SE	661.45	97.55	759.00	1649.43	243.27	1892.70
3	WPS METRO CHOICE SE	661.45	499.25	1160.70	1649.43	1247.57	2897.00
	WEA TRUST EAST	661.45	82.85	744.30	1649.43	206.57	1856.00
3	STANDARD PLAN - WAUKESHA	661.45	285.95	947.40	1649.43	713.97	2363.40
WAUPACA							
3	ANTHEM BCBS NORTHEAST	663.70	200.70	864.40	1655.04	501.16	2156.20
3	HUMANA EASTERN	663.70	337.30	1001.00	1655.04	842.66	2497.70
	ARISE HEALTH PLAN	663.70	220.30	884.00	1655.04	550.16	2205.20
	NETWORK HEALTH PLAN	662.70	0.00	662.70	1652.00	0.00	1652.00
3	SECURITY HEALTH PLAN	663.70	348.40	1012.10	1655.04	870.46	2525.50
	WEA TRUST EAST	663.70	80.60	744.30	1655.04	200.96	1856.00
	UNITEDHEALTHCARE NE	663.70	62.10	725.80	1655.04	154.66	1809.70
3	STANDARD PLAN - BALANCE OF STATE	663.70	283.70	947.40	1655.04	708.36	2363.40
WAUSHARA							
3	ANTHEM BCBS NORTHEAST	590.70	273.70	864.40	1472.55	683.65	2156.20
3	HUMANA EASTERN	590.70	410.30	1001.00	1472.55	1025.15	2497.70
	NETWORK HEALTH PLAN	590.70	72.00	662.70	1472.55	179.45	1652.00
3	SECURITY HEALTH PLAN	590.70	421.40	1012.10	1472.55	1052.95	2525.50
	WEA TRUST EAST	590.70	153.60	744.30	1472.55	383.45	1856.00
	PHYSICIANS PLUS	552.20	0.00	552.20	1375.70	0.00	1375.70
	UNITEDHEALTHCARE NE	590.70	135.10	725.80	1472.55	337.15	1809.70
3	STANDARD PLAN - BALANCE OF STATE	590.70	356.70	947.40	1472.55	890.85	2363.40

2013 Premiums - Wisconsin Public Employers

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

Deductible HMO - Standard PPO - P04

88% of the Tier 1 Qualified Plans' Average Premium

		Individual Coverage			Family Coverage		
		Maximum Employer Share	Minimum Employee Share	Total Single Premium	Maximum Employer Share	Minimum Employee Share	Total Family Premium
WINNEBAGO							
3	ANTHEM BCBS NORTHEAST	625.62	238.78	864.40	1559.86	596.34	2156.20
3	HUMANA EASTERN	625.62	375.38	1001.00	1559.86	937.84	2497.70
	NETWORK HEALTH PLAN	625.62	37.08	662.70	1559.86	92.14	1652.00
	WEA TRUST EAST	625.62	118.68	744.30	1559.86	296.14	1856.00
	UNITEDHEALTHCARE NE	625.62	100.18	725.80	1559.86	249.84	1809.70
*	ARISE HEALTH PLAN	625.62	258.38	884.00	1559.86	645.34	2205.20
3	STANDARD PLAN - BALANCE OF STATE	625.62	321.78	947.40	1559.86	803.54	2363.40
WOOD							
	ARISE HEALTH PLAN	716.45	167.55	884.00	1786.93	418.27	2205.20
3	SECURITY HEALTH PLAN	716.45	295.65	1012.10	1786.93	738.57	2525.50
	WEA TRUST EAST	716.45	27.85	744.30	1786.93	69.07	1856.00
3	STANDARD PLAN - BALANCE OF STATE	716.45	230.95	947.40	1786.93	576.47	2363.40