5C 2016 Health & Dental Insurance Options

- 1) Determination of Employee contribution rate. In 2015 at 10 %.
- 2) Health Insurance Plan Options:
 - A) Determine if HOV wishes to continue dental coverage.
 - B) Selection of Plan Option.

With Dental

P2 - is the present health plan of the District.	Cost increase of 2.25 %
P4 - \$500./\$1000. Deductible plan.	Cost decrease of 4.53%
P6- 10 % co-insurance up to deductible level.	Cost decrease of 2.79%
P8 - High deductible plan.	Cost decrease of 16.41%

Without Dental

P12 – Present health plan without dental.	Cost decrease of	1.40%
P14 - \$500./\$1000. Deductible plan.	Cost decrease of	8.11%
P16 - 10 % co-insurance up to deductible level.	Cost decrease of	6.44%
P17 - High deductible plan.	Cost decrease of 2	20.06%

- 3) Opt out incentive option for employees. Option to offer employees who elect not to participate in the HOV health insurance program a financial incentive.
 - Amount?
 - Payment date? (Suggest end of year, to ensure full year non-participation) (Anthem Blue 2016 premium at 90% reduces district payments by, single \$7,995.24, family \$19,892.52)

2016 Health Insurance Rates

Commission direction needed on the following:

- 1. Will the employee contribution rate of 10% remain the same?
- 2. Will there be a change to the plan option (PO)? If so, a resolution needs to be adopted. HOV employees are currently in P02.
- 3. A Letter of Intent is required if the dental benefit is chosen. If a Letter of Intent is not filed, then the plan option will default without dental.
- 4. Employers are now allowed to offer incentives to employees who elect not to participate in the health insurance program. Does the Commission want to offer any type of incentive? Employee Trust Funds is currently offering \$2,000 to State employees. For Local employees, its up to each individual employer.

Annual Cost to District (with dental)

P02:	(full pay, no deductible, no co-insurance)	\$175,130.64
P04:	(\$500 single deductible; \$1,000 family deductible)	\$163,630.80
P06:	(10% co-insurance up to \$500/\$1000; no deductible)	\$166,501.44
P07:	(high deductible plan)	\$143,169.12

Annual Cost to District (without dental)

P12:	(full pay, no deductible, no co-insurance)	\$168,886.08
P14:	(\$500 single deductible; \$1,000 family deductible)	\$157,386.24
P16:	(10% co-insurance up to \$500/\$1000; no deductible)	\$160,256.88
P17:	(high deductible plan)	\$136,924.56

EXISTING EMPLOYER OPTION SELECTION RESOLUTION WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM

RESOLVED, by the	of the		
	(Governing Body) of the	(Employer Legal Name)	
Group Health Insurance	program to eligible personnel thro es to abide by the terms of the pr	ereby determines to offer the Wisconsin Publicugh the program of the State of Wisconsin Cogram as set forth in the contract between the	Group Insurance
elect participation in progr	ram options listed below, with each	m will need to be enrolled in a program option ch program option to be offered to differen vidual employees cannot choose between	t employee
We choose to participate	in the: (check applicable options	s)	
☐ Traditional HMO-Stan	dard PPO W/Dental, P02		
☐ Deductible HMO-Stan	dard PPO W/ Dental, P04		
☐ Coinsurance HMO-St	andard PPO W/ Dental, P06		
	h Plan HMO-Standard HDHP PF	PO W/ Dental, P07	
	dard PPO W/O Dental, P12		
	dard PPO W/O Dental, P14		
	andard PPO W/O Dental, P16		
☐ High Deductible Healt	h Plan HMO-Standard HDHP PF	PO, P17	
coverage to be effective t The proper officers are he	he following January 1.	nployee Trust Funds (ETF) no later than Octo o take all actions and make salary deduction froup Health Insurance.	
	Ce	ertification	
by the above governing b		ect and complete copy of the resolution duly, year and that said resolut	
Dated this day of	, year		
I understand that Wis. Sta hereby certify that, to the	at. § 943.395 provides criminal pobest of my knowledge and belief	enalties for knowingly making false or fraudu , the above information is true and correct.	lent statements, and
Federal Tax Identification N	Number (FEIN/TIN) itle	Employer Representative	Title
69-036-			
ETF Employer Identification	n Number	Mailing Address	
Number of eligible employe	ees	Employer County	
		•	
		Email Address	

LETTER OF INTENT TO ELECT UNIFORM DENTAL BENEFITS EFFECTIVE 1/1/2016

WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM

Effective January 1, 2016, the Uniform Dental Benefits will no longer be offered through the health plans. Delta Dental will administer the Uniform Dental Benefits for 2016. If a local employer, who participates in the Wisconsin Public Employers' (WPE) Group Health Insurance Program, would like to offer the Uniform Dental Benefits in 2016, the employer must submit this letter of intent signed by the WRS Agent or other authorized personnel. This letter of intent must be received by the Department of Employee Trust Funds (ETF) no later than September 25, 2015. There is no obligation for local employers to participate.

In addition to this letter of intent, employers must submit a new resolution form no later than January 1, 2016, through the traditional resolution process affirming that the employer will offer the Uniform Dental Benefit for plan year 2016. The change will be effective January 1, 2016.

For plan years 2017 or later, employers will follow the current resolution process and switch to a program option which offers the Uniform Dental Benefit.

CERTIFICATION

As a participating employer in the WPE Group Health Insurance program, this letter confirms our intent to elect uniform dental benefits effective January 1, 2016. Additionally, a new resolution form will be submitted to ETF by no later than January 1, 2016.

Dated this day of	, year
I understand that Wis. Stat. § 943.39 fraudulent statements, and hereby c information is true and correct.	5 provides criminal penalties for knowingly making false or ertify that, to the best of my knowledge and belief, the above
Federal Tax Identification Number (FEIN/TIN) Authorized Employer Representative Name Title
69-036-	
ETF Employer Identification Number	Authorized Employer Representative Signature
Phone Number	Mailing Address
	Email Address

WISCONSIN PUBLIC EMPLOYERS (LOCAL) GROUP HEALTH INSURANCE PROGRAM 2016 MONTHLY PREMIUM RATES

WITHOUT DENTAL		Traditio	nal (P12)																		
WITHOUT BEITTAL		Regular	Regular	Medicare	Medicare	Medicare	Deductil	ole (P14)	Medicare			The second second	ance (P16)				HDHP (P	17)			
Plan Name	Tier	Single	Family	Single	2-Eligible	1-Fligible	Single	Regular Family	Single	Medicare	Medicare	Regular	Regular	Medicare	Medicare	Medicare	Regular	Regular	Medicare	Medicare	Medicare
ANTHEM BLUE PREFERRED NORTHEAST	1	714.00	1,776.20	564.40	1,122.90	1,272,50	665.60	1,655,20	540.20	1,074.50	1,199.90	677.70	1.685.40	564.40	2-Eligible	1-Eligible	Single	Family	Single	2-Eligible	1-Eligible
ANTHEM BLUE PREFERRED SOUTHEAST	1	797.80	1,985.70	606.30	1,206.70	1,398.20	742.70	1,847.90	578.80	1,151.70	1,315.60	756.50			1,122.90	1,236.20	579.50	1,439.90	564.40	1,122.90	1,138.00
ARISE HEALTH PLAN	1	1.014.80	2,528.20	714.80	1,423.70	1,723.70	942.30	2,346.90	678.60	1,351.30	1,615.00	1	1,882.40	606.30	1,206.70	1,356.90	647.30	1,609.40	606.30	1,206.70	1,247.70
ARISE HEALTH PLAN - ASPIRUS	1	1,061.70	2,645.40	738.30	1,470.70	1,794.10	985.50	2,454.90	700.20	1,394.50	1,679.80	960.50	2,392.40	714.80	1,423.70	1,669.40	823.10	2,048.90	714.80	1,423.70	1,532.00
DEAN HEALTH INSURANCE	1	737.30	1,834.40	568.60	1,131.30	1,300.00	687.00	1,708.70	544.00	1,394.30		1,004.50	2,502.40	738.30	1,470.70	1,736.90	861.10	2,143.90	738.30	1,470.70	1,593.50
DEAN HEALTH INSURANCE - PREVEA360	1	713.20	1,774.20	556.80	1,107.70	1,264.10	664.90	1,653.40	533.50	1,082.10	1,225.10	699.60	1,740.20	568.60	1,131.30	1,262.30	598.30	1,486.90	568.60	1,131.30	1,161.00
GHC OF EAU CLAIRE	3	1.027.80	2,560.70	611.10	1,216.30	1,633.00	954.30	2,376.90	583.20	1,160.50	1,192.50	677.00	1,683.70	556.80	1,107.70	1,227.90	578.80	1,438.20	556.80	1,107.70	1,129.70
GHC OF SOUTH CENTRAL WISCONSIN	1	657.90	1,635.90	536.40	1,066.90	1,188.40	614.00	1,526.20	MICON PROF		1,531.60	972.70	2,422.90	611.10	1,216.30	1,577.90	833.60	2,075.20	611.10	1,216.30	1,438.80
GUNDERSEN HEALTH PLAN	1	804.30	2,001.90	490.70	975.50	1,289.10	748.70	1,862.90	514.40	1,022.90	1,122.50	625.00	1,553.70	536.40	1,066.90	1,155.50	534.00	1,326.20	536.40	1,066.90	1,064.50
HEALTH TRADITION HEALTH PLAN	1	911.80	2,270.70	642.10	1,278.30	1,289.10	847.60	250	472.40	938.90	1,215.20	762.60	1,897.70	490.70	975.50	1,247.40	652.60	1,622.70	490.70	975.50	1,137.40
HEALTHPARTNERS HEALTH PLAN	1	703.10	1,748.90	542.60	1,079.30	1,348.00	2557.00.000.000	2,110.20	615.50	1,225.10	1,457.20	863.60	2,150.20	642.10	1,278.30	1,499.80	739.70	1,840.40	642.10	1,278.30	1,375.90
HUMANA - EASTERN	3	1.191.80	2,970.70	450.60			655.60	1,630.20	518.80	1,031.70	1,168.50	667.50	1,659.90	542.60	1,079.30	1,204.20	570.60	1,417.70	542.60	1,079.30	1,107.30
HUMANA - WESTERN	3	1,246.70	3,107.90		895.30	1,636.50	1,105.20	2,754.20	407.80	809.70	1,507.10	1,126.80	2,808.20	450.60	895.30	1,571.50	966.50	2,407.40	450.60	895.30	1,411.20
MEDICAL ASSOCIATES HEALTH PLANS	1	662.20	1,646.70	450.60 462.70	895.30	1,691.40	1,155.70	2,880.40	407.80	809.70	1,557.60	1,178.40	2,937.20	450.60	895.30	1,623.10	1,011.00	2,518.70	450.60	895.30	1,455.70
MERCYCARE HEALTH PLANS	1	695.20	1,729.20	120/00/2010/10/10/10	919.50	1,119.00	618.00	1,536.20	428.60	851.30	1,040.70	629.00	1,563.70	462.70	919.50	1,085.80	537.50	1,334.90	462.70	919.50	994.30
NETWORK HEALTH - NORTHEAST	1	A STATE OF THE PARTY OF THE PAR		511.10	1,016.30	1,200.40	648.30	1,611.90	510.00	1,014.10	1,152.40	660.00	1,641.20	511.10	1,016.30	1,165.20	564.20	1,401.70	511.10	1,016.30	1,069.40
NETWORK HEALTH - SOUTHEAST	1	760.10	1,891.40	587.40	1,168.90	1,341.60	708.00	1,761.20	561.40	1,116.90	1,263.50	721.00	1,793.70	587.40	1,168.90	1,302.50	616.80	1,533.20	587.40	1,168.90	1,198.30
PHYSICIANS PLUS	1	811.40	2,019.70	613.10	1,220.30	1,418.60	755.20	1,879.20	585.00	1,164.10	1,334.30	769.30	1,914.40	613.10	1,220.30	1,376.50	658.40	1,637.20	613.10	1,220.30	1,265.60
SECURITY HEALTH PLAN	3	715.40	1,779.70	565.10	1,124.30	1,274.60	666.90	1,658.40	540.90	1,075.90	1,201.90	679.00	1,688.70	565.10	1,124.30	1,238.20	580.60	1,442.70	565.10	1,124.30	1,139.80
UNITEDHEALTHCARE OF WISCONSIN	3	1,063.60	2,650.20	607.80	1,209.70	1,665.50	987.20	2,459.20	590.50	1,175.10	1,571.80	1,006.30	2,506.90	607.80	1,209.70	1,608.20	862.60	2,147.70	607.80	1,209.70	1,464.50
UNITY HEALTH INSURANCE - COMMUNITY	1	907.60	2,260.20	646.80	1,287.70	1,548.50	843.70	2,100.40	608.30	1,210.70	1,446.10	859.70	2,140.40	646.80	1,287.70	1,500.60	736.30	1,831.90	646.80	1,287.70	1,377.20
The second secon	1	678.60	1,687.70	518.30	1,030.70	1,191.00	633.00	1,573.70	497.80	989.70	1,124.90	644.40	1,602.20	518.30	1,030.70	1,156.80	550.80	1,368.20	518.30	1,030.70	1,063.20
UNITY HEALTH INSURANCE - UW HEALTH WEA TRUST - EAST	1	620.20	1,541.70	492.00	978.10	1,106.30	579.30	1,439.40	473.60	941.30	1,047.00	589.50	1,464.90	492.00	978.10	1,075.60	503.50	1,249.90	492.00	978.10	989.60
	1	817.90	2,035.90	510.10	1,014.30	1,322.10	761.20	1,894.20	490.20	974.50	1,245.50	775.40	1,929.70	510.10	1,014.30	1,279.60	663.60	1,650.20	510.10	1.014.30	1,167.80
WEA TRUST - NORTHWEST CHIPPEWA VALLEY	1	1,043.10	2,598.90	588.90	1,171.90	1,626.10	968.40	2,412.20	562.80	1,119.70	1,525.30	987.10	2,458.90	588.90	1,171.90	1,570.10	846.00	2,106.20	588.90	1,171.90	1,429.00
WEA TRUST - NORTHWEST MAYO CLINIC HLTH SYS	1	1,043.10	2,598.90	588.90	1,171.90	1,626.10	968.40	2,412.20	562.80	1,119.70	1,525.30	987.10	2,458.90	588.90	1,171.90	1,570.10	846.00	2,106.20	588.90	1,171.90	1,429.00
WEA TRUST - SOUTH CENTRAL	1	623.50	1,549.90	442.00	878.10	1,059.60	582.30	1,446.90	427.60	849.30	1,004.00	592.60	1,472.70	442.00	878.10	1,028.70	506.20	1,256.70	442.00	878.10	942.30
STATE MAINTENANCE PLAN (SMP)	1	810.80	2,020.10	5 5 5			777.30	1,936.40				766.20	1,908.60				682.10	1,698.40			
STANDARD PLAN - DANE	3	1,130.00	2,818.80				1,084.80	2,705.80				1,069.80	2,668.30				922.30	2,300,70			
STANDARD PLAN - MILWAUKEE	3	1,319.70	3,293.00				1,263.20	3,151.80				1,244.30	3,104.50				1,076.00	2,684.90			
STANDARD PLAN - WAUKESHA	3	1,219.30	3,042.00				1,168.80	2,915.80		9.73		1,152.00	2,873.80				994.70	2,481.70			
STANDARD PLAN - BALANCE OF STATE	3	1,219.30	3,042.00	A STATE OF			1,168.80	2,915.80			40.0	1,152.00	2,873.80	e e acid	100		994.70	2.481.70			
MEDICARE PLUS (w/SMP 1 Eligible)				454.50	904.50	1,265.30		ing at the	454.50	904.50	1,231.80			454.50	904.50	1 220 70					
MEDICARE PLUS - DANE			3.5.2							30 1130	1,231.00	23.3		434.30	504.50	1,220.70			454.50	904.50	1,136.60
(w/Standard Plan 1 Eligible)		2000		454.50	904.50	1,584.50			454.50	904.50	1,539.30			454.50	904.50	1,524.30			454.50	904.50	1,376.80
MEDICARE PLUS - MILWAUKEE (w/Standard Plan 1 Eligible)		2.2.2	0.000	454.50	904.50	1,774.20			454.50	904.50	1,717.70	200		454.50	004.50	1 500 05					and the second district th
MEDICARE PLUS - WAUKESHA						,,,,,,,,,,			454.50	504.50	1,/1/./0			454.50	904.50	1,698.80			454.50	904.50	1,530.50
(w/Standard Plan 1 Eligible)			3 4 3 5	454.50	904.50	1,673.80			454.50	904.50	1,623.30			454.50	904.50	1,606.50		3.5	454.50	904.50	1,449.20
MEDICARE PLUS - BALANCE OF STATE				454.50	904.50	1,673.80	1000	e de la companio	454 50	004.50	1 522 25	100000000000000000000000000000000000000	el Conton				Company of	all and the			,
(w/Standard Plan 1 Eligible)				-34.30	504.50	1,073.00	3		454.50	904.50	1,623.30	3		454.50	904.50	1,606.50			454.50	904.50	1,449.20

WISCONSIN PUBLIC EMPLOYERS (LOCAL) GROUP HEALTH INSURANCE PROGRAM 2016 MONTHLY PREMIUM RATES

WITH DENTAL		Tradition	nal (P02)				Deducti	ole (DOA)				11	fonci								
	alle bearing	Regular	Regular	Medicare	Medicare	Medicare	Regular	Regular	Medicare	Medicare	Medicare	Loinsur	ance (P06)	La Company	1		HDHP (P	07)		and an artist	
Plan Name	Tier	Single	Family	Single	2-Eligible	1-Eligible	Single	Family	Single	2-Fligible	1-Fligible	Single	Regular	Medicare	Medicare	Medicare	Regular	Regular	Medicare	Medicare	Medicare
ANTHEM BLUE PREFERRED NORTHEAST	1	740.30	1,841.90	590.70	1,188.60	1,325.10	691.90	1,720.90	566.50	1,140.20	1,252,50	704.00	1,751.10	590.70	1,188.60	1,288.80	Single	Family	Single	2-Eligible	1-Eligible
ANTHEM BLUE PREFERRED SOUTHEAST	1	824.10	2,051.40	632.60	1,272.40	1,450.80	769.00	1,913.60	605.10	1,217.40	1,368.20	782.80	1,948.10	632.60	Westernamen Joseph		605.80	1,505.60	590.70	1,188.60	1,190.60
ARISE HEALTH PLAN	1	1,041.10	2,593.90	741.10	1,489.40	1,776.30	968.60	2,412.60	704.90	1,417.00	1,667.60	986.80	2,458.10	741.10	1,272.40	1,409.50	673.60	1,675.10	632.60	1,272.40	1,300.30
ARISE HEALTH PLAN - ASPIRUS	1	1,088.00	2,711.10	764.60	1,536.40	1,846,70	1,011.80	2,520.60	726.50	1,460.20	1,732.40	1.030.80	2,568.10		1,489.40	1,722.00	849.40	2,114.60	741.10	1,489.40	1,584.60
DEAN HEALTH INSURANCE	1	763.60	1,900.10	594.90	1,197.00	1,352.60	713.30	1,774.40	570.30	1,147.80	1,277.70	725.90	1,805.90	764.60	1,536.40	1,789.50	887.40	2,209.60	764.60	1,536.40	1,646.10
DEAN HEALTH INSURANCE - PREVEA360	1	739.50	1,839.90	583.10	1,173.40	1,316.70	691.20	1,719.10	559.80	1,126.80	1,277.70		THE PROPERTY OF THE PARTY OF TH	594.90	1,197.00	1,314.90	624.60	1,552.60	594.90	1,197.00	1,213.60
GHC OF EAU CLAIRE	3	1.054.10	2,626.40	637.40	1,282.00	1,685.60	980.60	2,442.60	609.50	1,126.80	1,584.20	703.30	1,749.40	583.10	1,173.40	1,280.50	605.10	1,503.90	583.10	1,173.40	1,182.30
GHC OF SOUTH CENTRAL WISCONSIN	1	684.20	1,701.60	562.70	1,132.60	1,241.00	640.30	1,591.90	540.70	1,088.60	1,384.20	999.00	2,488.60	637.40	1,282.00	1,630.50	859.90	2,140.90	637.40	1,282.00	1,491.40
GUNDERSEN HEALTH PLAN	1	830.60	2.067.60	517.00	1,041.20	1,341.70	775.00	1,928.60	498.70	100 700 7 500 5	No. of the Contract of the Con	651.30	1,619.40	562.70	1,132.60	1,208.10	560.30	1,391.90	562.70	1,132.60	1,117.10
HEALTH TRADITION HEALTH PLAN	1	938.10	2,336.40	668.40	1,344.00	1,600.60	873.90	2,175.90	641.80	1,004.60	1,267.80	788.90	1,963.40	517.00	1,041.20	1,300.00	678.90	1,688.40	517.00	1,041.20	1,190.00
HEALTHPARTNERS HEALTH PLAN	1	729.40	1,814.60	568.90	1,145.00	1,292.40	681.90	1,695.90		1,290.80	1,509.80	889.90	2,215.90	668.40	1,344.00	1,552.40	766.00	1,906.10	668.40	1,344.00	1,428.50
HUMANA - EASTERN	3	1,218.10	3,036.40	476.90	961.00	1,689.10			545.10	1,097.40	1,221.10	693.80	1,725.60	568.90	1,145.00	1,256.80	596.90	1,483.40	568.90	1,145.00	1,159.90
HUMANA - WESTERN	3	1,273.00	3,173.60	476.90	961.00	1,744.00	1,131.50 1,182.00	2,819.90	434.10	875.40	1,559.70	1,153.10	2,873.90	476.90	961.00	1,624.10	992.80	2,473.10	476.90	961.00	1,463.80
MEDICAL ASSOCIATES HEALTH PLANS	1	688.50	1,712.40	489.00	985.20	1,171.60	CONTRACTOR CONTRACTOR	2,946.10	434.10	875.40	1,610.20	1,204.70	3,002.90	476.90	961.00	1,675.70	1,037.30	2,584.40	476.90	961.00	1,508.30
MERCYCARE HEALTH PLANS	1	721.50	1,794.90	537.40	1,082.00		644.30	1,601.90	454.90	917.00	1,093.30	655.30	1,629.40	489.00	985.20	1,138.40	563.80	1,400.60	489.00	985.20	1,046.90
NETWORK HEALTH - NORTHEAST	1	786.40	1,957.10	613.70	1,082.00	1,253.00	674.60	1,677.60	536.30	1,079.80	1,205.00	686.30	1,706.90	537.40	1,082.00	1,217.80	590.50	1,467.40	537.40	1,082.00	1,122.00
NETWORK HEALTH - SOUTHEAST	1	837.70	2.085.40	639.40	910000000000000000000000000000000000000	1,394.20	734.30	1,826.90	587.70	1,182.60	1,316.10	747.30	1,859.40	613.70	1,234.60	1,355.10	643.10	1,598.90	613.70	1,234.60	1,250.90
PHYSICIANS PLUS	1	741.70	1,845.40	100 Salar 19100	1,286.00	1,471.20	781.50	1,944.90	611.30	1,229.80	1,386.90	795.60	1,980.10	639.40	1,286.00	1,429.10	684.70	1,702.90	639.40	1,286.00	1,318.20
SECURITY HEALTH PLAN	3	1.089.90	2,715.90	591.40	1,190.00	1,327.20	693.20	1,724.10	567.20	1,141.60	1,254.50	705.30	1,754.40	591.40	1,190.00	1,290.80	606.90	1,508.40	591.40	1,190.00	1,192.40
UNITEDHEALTHCARE OF WISCONSIN	3	933.90	-	634.10	1,275.40	1,718.10	1,013.50	2,524.90	616.80	1,240.80	1,624.40	1,032.60	2,572.60	634.10	1,275.40	1,660.80	888.90	2,213.40	634.10	1,275.40	1,517.10
UNITY HEALTH INSURANCE - COMMUNITY	1	10.0000000	2,325.90	673.10	1,353.40	1,601.10	870.00	2,166.10	634.60	1,276.40	1,498.70	886.00	2,206.10	673.10	1,353.40	1,553.20	762.60	1,897.60	673.10	1,353.40	1,429.80
UNITY HEALTH INSURANCE - UW HEALTH	1	704.90	1,753.40	544.60	1,096.40	1,243.60	659.30	1,639.40	524.10	1,055.40	1,177.50	670.70	1,667.90	544.60	1,096.40	1,209.40	577.10	1,433.90	544.60	1,096.40	1,115.80
WEA TRUST - EAST	1	646.50	1,607.40	518.30	1,043.80	1,158.90	605.60	1,505.10	499.90	1,007.00	1,099.60	615.80	1,530.60	518.30	1,043.80	1,128.20	529.80	1,315.60	518.30	1,043.80	1,042.20
WEA TRUST - NORTHWEST CHIPPEWA VALLEY	1	844.20	2,101.60	536.40	1,080.00	1,374.70	787.50	1,959.90	516.50	1,040.20	1,298.10	801.70	1,995.40	536.40	1,080.00	1,332.20	689.90	1,715.90	536.40	1,080.00	1,220.40
WEA TRUST - NORTHWEST CHIPPEWA VALLEY WEA TRUST - NORTHWEST MAYO CLINIC HITH SYS	1	1,069.40	2,664.60	615.20	1,237.60	1,678.70	994.70	2,477.90	589.10	1,185.40	1,577.90	1,013.40	2,524.60	615.20	1,237.60	1,622.70	872.30	2,171.90	615.20	1,237.60	1,481.60
	1	1,069.40	2,664.60	615.20	1,237.60	1,678.70	994.70	2,477.90	589.10	1,185.40	1,577.90	1,013.40	2,524.60	615.20	1,237.60	1,622.70	872.30	2,171.90	615.20	1,237.60	1,481.60
WEA TRUST - SOUTH CENTRAL STATE MAINTENANCE PLAN (SMP)	1	649.80	1,615.60	468.30	943.80	1,112.20	608.60	1,512.60	453.90	915.00	1,056.60	618.90	1,538.40	468.30	943.80	1,081.30	532.50	1,322.40	468.30	943.80	994.90
The second secon	1	837.10	2,085.80	0 4 2 5	3 3 6 3		803.60	2,002.10				792.50	1,974.30				708.40	1,764.10			
STANDARD PLAN - DANE	3	1,156.30	2,884.50				1,111.10	2,771.50				1,096.10	2,734.00				948.60	2,366.40			
STANDARD PLAN - MILWAUKEE	3	1,346.00	3,358.70				1,289.50	3,217.50				1,270.60	3,170.20				1,102.30	2,750.60			
STANDARD PLAN - WAUKESHA	3	1,245.60	3,107.70				1,195.10	2,981.50	200		100	1,178.30	2,939.50				1,021.00	2,547.40			
STANDARD PLAN - BALANCE OF STATE MEDICARE PLUS	3	1,245.60	3,107.70				1,195.10	2,981.50		8 8 6		1,178.30	2,939.50	4.5			1.021.00	2,547.40		9.000	
(w/SMP 1 Eligible)				480.80	970.20	1,317.90		Green State	480.80	970.20	1,284.40	Contracted to	1000000	480.80	970.20	1,273.30	6-3-3-87		400.00		
MEDICARE PLUS - DANE	1						E SEE			1	1,201.10			400.00	370.20	1,273.30	13.1.2		480.80	970.20	1,189.20
(w/Standard Plan 1 Eligible)				480.80	970.20	1,637.10			480.80	970.20	1,591.90			480.80	970.20	1,576.90		40	480.80	970.20	1,429.40
MEDICARE PLUS - MILWAUKEE (w/Standard Plan 1 Eligible)				480.80	970.20	1,826.80	3000		480.80	970.20	1,770.30	2.7		400.00	070.22	4 754 45					
MEDICARE PLUS - WAUKESHA						_,020.00			400.00	370.20	1,770.30	2 3 4		480.80	970.20	1,751.40			480.80	970.20	1,583.10
(w/Standard Plan 1 Eligible)		7 1 3 1	ar 8 197	480.80	970.20	1,726.40			480.80	970.20	1,675.90			480.80	970.20	1,659.10			480.80	970.20	1,501.80
MEDICARE PLUS - BALANCE OF STATE	1	S. O. Cours	San Erect	480.80	970.20	1,726.40	10-15 Feb.		480.80	070.20	1.675.00	65 - 68 - 65 - 65	al agent a								_,501.50
(w/Standard Plan 1 Eligible)				400.00	370.20	1,720.40			480.80	970.20	1,675.90		7 4 7	480.80	970.20	1,659.10			480.80	970.20	1,501.80