

Employee Trust Funds
Group Health Insurance

Employer No. (EIN) 69-036-	Deduction Month	Coverage Month	Suffix
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**STATE EMPLOYEES
PGM OPT P01 & SRCHG S01
2009 MONTHLY COVERAGE REPORT**

Employer Name			Group No.
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	985.30	2459.40	742.10	1851.60
State Maintenance Plan (SMP)	.05	609.70	1520.80	461.50	1150.30
Anthem BCBS Southeast	.11	654.50	1632.60	434.80	1083.30
Anthem BCBS Northwest	.13	711.80	1775.80	474.90	1183.50
Anthem BCBC Northeast	.14	609.50	1520.10	403.30	1004.50
Dean Health Plan	.15	524.80	1308.30	344.00	856.30
Humana – Eastern	.21	681.10	1699.10	481.20	1199.30
Humana – Western	.22	647.40	1614.80	450.50	1122.50
GHC - Eau Claire	.30	692.10	1726.60	491.80	1225.80
GHC - South Central	.35	521.90	1301.10	343.00	853.80
Gundersen Lutheran	.37	633.80	1580.80	392.50	977.50
Unity – Community	.40	613.30	1529.60	428.60	1067.80
Arise Health Plan	.47	609.70	1520.60	426.70	1063.00
Health Tradition	.55	639.60	1595.30	424.60	1057.80
Medical Associates HMO	.63	517.40	1289.80	339.00	843.80
MercyCare Health Plan	.64	508.50	1267.60	311.10	774.00
Network Health Plan	.70	585.00	1458.80	360.70	898.00
Security Health Plan	.71	671.10	1674.10	476.10	1186.50
Physicians Plus – Meriter & UW	.74	532.70	1328.10	353.00	878.80
United Healthcare – Southeast	.83	641.80	1600.80	451.50	1125.00
WPS Metro Choice	.84	661.80	1650.80	451.30	1124.50
Unity - UW Health	.92	531.60	1325.30	361.30	899.50
UnitedHealthcare –Northeast	.94	590.40	1472.30	414.90	1033.50
8. Subtotals (No. of Contracts x Premiums)		8a	8b	8c	8d

A. Employee Share = _____	**	(8a + 8b + 8c + 8d)
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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