

Employee Trust Funds  
Group Health Insurance

Employer No. (EIN) 69-036-	Deduction Month	Coverage Month	Suffix
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**WPE DEDUCTIBLE HMO/DEDUCTIBLE STANDARD PLAN  
PGM OPT P04 & SRCHG S01  
2009 MONTHLY COVERAGE REPORT**

Employer Name	Group No.
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Single Contracts	Family Contracts
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<b>1. Contracts in Effect Last Month:</b>		
2. Additions Report: (+)		
3. Deletions Report: (-)		
4. Changes Report: "To" (+)		
5. Changes Report "From": (-)		
<b>6. Contracts in Effect This Month:</b>		
<b>7. Plan</b>	<b>Suffix</b>	
Standard – Dane	.A1	787.60
Standard – Milwaukee	.A2	917.30
Standard – Waukesha	.A3	848.30
Standard – Balance of State	.A4	848.30
State Maintenance Plan (SMP)	.A5	564.60
Anthem BCBS Southeast	.11	923.50
Anthem BCBS Northwest	.13	685.60
Anthem BCBX Northeast	.14	923.50
Dean Health Plan	.15	413.50
Humana – Eastern	.21	794.70
Humana - Western	.22	691.30
GHC - Eau Claire	.30	677.50
GHC - South Central	.35	446.20
Gundersen Lutheran	.37	617.30
Unity – Community	.40	421.30
Arise Health Plan	.47	551.00
Health Tradition	.55	565.90
Medical Associates HMO	.63	459.30
MercyCare Health Plan	.64	422.00
Network Health Plan	.70	494.80
Security Health Plan	.71	844.90
Physicians Plus – Meriter & UW	.74	419.50
UnitedHealthcare – Southeast	.83	579.20
WPS Metro Choice	.84	774.90
Unity - UW Health	.92	425.00
UnitedHealthcare – Northeast	.94	533.60
<b>8. Subtotals (No. of Contracts x Premiums)</b>	<b>8a</b>	<b>8b</b>

<b>A. Employee Share =</b>	**	(Line 8a + Line 8b)
<b>B. Employer Share =</b>	**	<b>9. Subtotal</b>
<b>C. Total* (Lines A + B) =</b>	**	<b>10. Adjustments</b>
		(Line 9 + Line 10)
		<b>11. Grand Total*</b>

\* 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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Check the type of employer contribution:  Tiering  105%